

Municipal Sales Tax Recovery Application

Email completed application to submit@midman.com.

Requested Effective Date: _____

PRODUCER INFORMATION			
Agency Name:		Producer Number:	
Agent Name:		Agent Phone Number:	

APPLICANT INFORMATION			
Insured Municipality:			
Contact Name:			
Position:			
Telephone #:		Cell #:	
Email Address:			

Population:			
Schedule of locations where coverage desired:			

Name	Address	Zip Code	Tax Collected Last Year	Tax Collected Previous Year	Tax Collected 2 Years Previous

Sales tax collection loss, if any, due to payer/owner unable to operate due to catastrophic weather event or fire for the last 3 years:	\$
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AUTHORIZED REPRESENTATIVE	
SIGNATURE:	
PRINTED NAME:	
DATE OF SIGNATURE:	

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