



## Premium Adjustment Request Form

### Personal Information:

Name:

Mailing Address:

City:

State:

Zip Code:

Email:

Phone:

### Entry Information:

Entry #:

Department:

Division:

Class #:

What needs to be changed?

Entry #:

Department:

Division:

Class #:

What needs to be changed?

Entry #:

Entry #:

Department:

Division:

Class #:

What needs to be changed?

More lines on back page →



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Division:

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What needs to be changed?

\*\*Please email form to [fairoffice@laramiecountyfair.com](mailto:fairoffice@laramiecountyfair.com) or mail to 3801 Archer Parkway Cheyenne, WY 82009. All emailed or mailed requests must be submitted or post marked by September 30<sup>th</sup>, 2024. Premium adjustment requests will not be accepted by phone. If found that more premiums are owed, the check will be sent after the Sept 30<sup>th</sup> deadline.