

LOCAL GOVERNMENT PROPERTY INSURANCE FUND
2801 Crossroads Drive, Suite 2200
Madison, WI 53718
PHONE: 877-229-0009
FAX: 877-832-0122

WITHDRAWAL FROM THE LOCAL GOVERNMENT PROPERTY INSURANCE FUND

INSTRUCTIONS: Pursuant to the requirements of s.605.21(3) Wisconsin Statutes, provide certified notice to the Local Government Property Insurance Fund that by a majority vote, your Board or Council elected to withdraw from the Fund. **Withdrawal date cannot be prior to the date action was taken.** Send completed notice to above address.

Policyholder Name

Cancel Effective Date

Policy #

As Clerk, I certify that by a majority vote, the above-named local governmental unit's Board/Council voted to withdraw from the Local Government Property Insurance Fund. This action was taken at the _____/_____/_____ meeting.
Month Day Year

Name of Clerk (Type or Print)

Signature of Clerk

Date