



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?

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Division:

Class #:

What needs to be changed?

More lines on back page→



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**Please email form to fairoffice@laramiecountyfair.com or mail to 3801 Archer Parkway Cheyenne, WY 82009. All emailed or mailed requests must be submitted or post marked by October 3rd, 2025. Premium adjustment requests will not be accepted by phone. If found that more premiums are owed, the check will be sent after the October 3rd deadline.