



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 →

**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 September 30th, 2021. Premium adjustment requests will not be accepted by phone.



Entry #: _____
Department: _____
Division: _____
Class #: _____
What needs to be changed? _____

Entry #: _____
Department: _____
Division: _____
Class #: _____
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