



## PECFA CLAIM PACKET REQUEST FORM

**[TO BE USED AFTER PECFA NUMBER HAS BEEN ESTABLISHED]**

**PECFA NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**MANDATORY**

Personal Information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]

### CLAIMANT/OWNER INFORMATION - WHERE FORMS WILL BE SENT:

NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Requested By:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### SITE INFORMATION:

SITE  
NAME: \_\_\_\_\_

SITE  
ADDRESS: \_\_\_\_\_

SITE CITY: \_\_\_\_\_ WI ZIP CODE: \_\_\_\_\_

**CLAIM PACKETS ARE MAILED EVERY FRIDAY TO THE CLAIMANT/OWNER.  
PLEASE MAKE SURE THAT YOU SUBMIT THE CORRECT MAILING ADDRESS.**

ONCE A PECFA NUMBER HAS BEEN ESTABLISHED THE DEPARTMENT REQUESTS THAT YOU DO NOT FILL OUT AN INITIAL APPLICATION AND ELIGIBILITY REQUEST FORM WHEN REQUESTING ADDITIONAL CLAIM PACKETS.

**YOU MAY FAX THIS REQUEST TO THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES AT:**

**608-267-1381**

**OR YOU MAY MAIL YOUR REQUESTS TO:**

**DEPARTMENT SAFETY AND PROFESSIONAL SERVICES  
BUREAU OF PECFA  
PO BOX 7838  
MADISON WI 53707-7838**