

LOCAL GOVERNMENT PROPERTY INSURANCE FUND
559 D'Onofrio Drive, Suite 10
Madison, WI 53719-2805
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 #
<i>City of LaCrosse</i>	<i>1/1/2016</i>	<i>140320</i>

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 *Dec.* *1*/*10*/*2015* meeting.
Month Day Year

<i>Teri Lehrke</i>	<i>Teri Lehrke</i>	<i>12/14/15</i>
Name of Clerk (Type or Print)	Signature of Clerk	Date
