



Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
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For Office Use Only

Verified Claim Form

Date:

Card Holder Name & Mailing Address:

The above individual is requesting the rectification of an erroneous credit card charge in the amount of

\$ _____ made to my _____ Visa or _____ MasterCard on _____ date
(dollar amount) (date of charge)

as evidenced by the attached copy of my credit card statement.

Signature: _____

Date: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me by

_____, this _____ day of _____, 20__.

Witness my hand and official seal.

Notary Public

SEAL