Rice Lake, Lake Protection and Rehabilitation District
P.O Box 446, Rice Lake, WI 54868

Affidavit of Service - Claim Against Lake District

Date:_____ Check No.:_____

Name:_____

Acc't #	Date:	Description/Location/Action	Mileage:	Amount Due:

I,_____ being duly elected/appointed to The Rice Lake, Lake Protection and Rehabilitation District report and state that the above account is just and correct, that the work has been performed or goods furnished as stated , and the same has not heretofore been presented to the Lake District Board or its Officials, nor has the same or any part thereof been paid or presented to any other organization for payment.

Date of issued Check:_____

Attested to by: _____ , Treasurer
Rice Lake Lake Protection and Rehabilitation District