

CLAIM
Township of Princeton—County of Mille Lacs

Claimant: _____ **Date:** _____

Address: _____

Date	Description	Amount

Audited and Allowed in the sum of \$ _____ Paid by Check#: _____ Filed in my office this
____ day of _____, 20
_____ Tammy Creasy, Clerk/Treasurer

DECLARATION

I declare under penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.

Signature of Claimant

Date of Signature

NOTES/COMMENTS: