

 <b>LDLR</b> <i>Louisiana Department of Revenue</i>	<b>Notification of Loss of Motor Fuel</b>
	<b>Mail to:</b> Office Audit Division P. O. Box 66362 Baton Rouge, LA 70896-6362 (225) 219-2270 (225) 219-2114 (TDD) (225) 219-2267 (Fax)

**See instructions on reverse side – round to whole gallons.**

Company's name	LA Revenue Account Number	FEIN/SSN	TCN	Month/Year
Location Address	City	State	ZIP	Telephone Number
Mailing Address	City	State	ZIP	Fax Number

**Exact Location of Loss** – If loss occurred while in transit or at time of unloading, give invoice or manifest number below and attach copy to this claim.

**CAUSE OF LOSS**

**PRODUCT CODE**

- |                         |                         |                        |
|-------------------------|-------------------------|------------------------|
| 065 – Gasoline          | 142 – Clear Kerosene    | 072 – Dyed Kerosene    |
| 123 – Alcohol           | 160 – Clear Diesel Fuel | 228 – Dyed Diesel Fuel |
| 124 – Gasohol           | 284 – Bio-Diesel        | Other _____            |
| 125 – Aviation Gasoline | 130 – Jet Fuel          |                        |

Date of Loss	Date of Manifest	Manifest Number	Gallons Listed on Manifest	Owner of Fuel Company, City, State	Product Code	Number of Net Gallons Lost
<b>TOTAL GALLONS LOST</b>						

Under the penalties of perjury, I declare that I have examined this notification, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Company Official	Date	Telephone number
Print Name	Title	

**Department Use Only**

Approved by:	Date Approved:
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