



STATE OF
ARKANSAS

MOTOR FUEL TAX REPORT OF LOSS

FORM
M

ACCOUNT NUMBER: _____ COMPANY NAME: _____ REPORTING MONTH/YR: _____	PRODUCT TYPE - Check only one type per-form <input type="checkbox"/> GASOLINE <input type="checkbox"/> KEROSENE <input type="checkbox"/> GASOHOL <input type="checkbox"/> JET FUEL <input type="checkbox"/> ALCOHOL <input type="checkbox"/> FUEL OIL <input type="checkbox"/> DIESEL <input type="checkbox"/> OTHER	REASON FOR LOSS - Check only one <input type="checkbox"/> MIXED PRODUCT <input type="checkbox"/> TRANSPORT <input type="checkbox"/> FIRE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> THEFT <input type="checkbox"/> OTHER
<p>Claim for lost product must be filed within one year from the date of incident.</p> <p>1. Date of incident: _____</p> <p>2. City and State where incident occurred: _____</p> <p>3. County where incident occurred: _____</p> <p>4. Agency investigating incident: _____</p> <p>5. Has this been reported to the Arkansas Pollution Control & Ecology Dept.: _____</p> <p>6. TOTAL AMOUNT OF GALLONS LOST: _____</p>	EXPLANATION OF INCIDENT	
<p>The undersigned, hereby declares under the penalties of law that the information provided in this form, is a true completed statement of all facts concerning specific losses as claimed on the Motor Fuel Tax Distributor's/Supplier's report.</p>	NAME _____ SIGNATURE _____	TITLE _____ DATE _____