

**Gopher Feet Claim for Payment From
Becker Township
Sherburne County, MN**

Claimant: _____

Address: _____

Phone: _____

Email: _____ (optional)

Address(es) gopher feet collected from (if other than above):

Date	Description	Amount
Total Due Claimant		

Declaration

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

Date: _____ **Signature of Claimant:** _____

Files with the town on _____, 20____

Audited by the town board and allowed in the sum of \$ _____

Supervisor Signatures:

_____/_____/_____

Paid by order-check number: _____

Clerk Signature: _____