

Use this form to notify your insurance companies.

**NOTICE AND AUTHORIZATION
FROM CITY OF WELLINGTON, KY TAXPAYER**

IMPORTANT NOTICE TO INSURANCE COMPANY

This is to serve notice to you that I am a resident and/or taxpayer of the City of Wellington, KY. I hereby authorize _____ (Insurance Company) to remit the Insurance surcharge on my premium to:

**CITY OF WELLINGTON, KY,
3003 SPENCER AVENUE, LOUISVILLE, KY 40205.
(City of Wellington is Municipal Code 0973)**

Policyholder Name (Print Clearly)

Signature

Address

LOUISVILLE, KY 40205
City, State, Zip Code