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**City of Rolling Fields**

503 Rolling Lane  
Louisville, KY 40207

**To:** \_\_\_\_\_ (Insurance Company)

Please be advised that Rolling Fields, KY is the municipality entitled to the municipal insurance tax paid on my insurance, effective \_\_\_\_\_ (“current year” or date of residency).

**Resident and Policyholder:**

**Policy #:** \_\_\_\_\_

\_\_\_\_\_  
Name

500 Country Lane

Rolling Fields, KY 40207

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