

**INSURANCE COMPANY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Policy Number \_\_\_\_\_,  
am a resident of THE CITY OF MANOR CREEK, KY and I request that the Local Government  
Premium or Municipal Tax that you are collecting be paid to THE CITY OF MANOR CREEK,  
KY. You should also have notification from the Kentucky Department of Insurance that this tax  
be paid to THE CITY OF MANOR CREEK, KY rather than to the City of Louisville, or the  
County of Jefferson.

**PAYEE ADDRESS:**

City of Manor Creek, KY  
Attn: Tax Assessor  
P.O. Box 22133  
Louisville, KY 40252

Thank you,  
\_\_\_\_\_

**THE BILLING ADDRESS SHOULD REMAIN LOUISVILLE, KY 40241**

**INSURANCE COMPANY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Policy Number \_\_\_\_\_,  
am a resident of THE CITY OF MANOR CREEK, KY and I request that the Local Government  
Premium or Municipal Tax that you are collecting be paid to THE CITY OF MANOR CREEK,  
KY. You should also have notification from the Kentucky Department of Insurance that this tax  
be paid to THE CITY OF MANOR CREEK, KY rather than to the City of Louisville, or the  
County of Jefferson.

**PAYEE ADDRESS:**

City of Manor Creek, KY  
Attn: Tax Assessor  
P.O. Box 22133  
Louisville, KY 40252

Thank you,  
\_\_\_\_\_

**THE BILLING ADDRESS SHOULD REMAIN LOUISVILLE, KY 40241**