INSURANCE COMPANY:		
	, Policy Number	
am a resident of THE CITY Premium or Municipal Tax the KY. You should also have no	OF MANOR CREEK, KY and I request that the Local Government of the Local Government of Insurance that the CREEK, KY rather than to the City of Louisville, or	vernment REEK, t this tax
PAYEE ADDRESS:		
City of Manor Creek,	KY Thank you,	
Attn: Tax Assessor P.O. Box 22133		
Louisville, KY 40252		
INSURANCE COMPANY:	DDRESS SHOULD REMAIN LOUISVILLE, KY 40241	
l,	, Policy Number	1
am a resident of THE CITY C Premium or Municipal Tax tha KY. You should also have not	F MANOR CREEK, KY and I request that the Local Gov at you are collecting be paid to THE CITY OF MANOR CI fication from the Kentucky Department of Insurance that NOR CREEK, KY rather than to the City of Louisville, or t	REEK, this tax
PAYEE ADDRESS: City of Manor Creek, I Attn: Tax Assessor P.O. Box 22133	CY Thank you,	

THE BILLING ADDRESS SHOULD REMAIN LOUISVILLE, KY 40241