**STATE OF ARKANSAS**

**MOTOR FUEL TAX REPORT OF LOSS**

<table>
<thead>
<tr>
<th>PRODUCT TYPE - Check only one type per form</th>
<th>REASON FOR LOSS - Check only one</th>
</tr>
</thead>
<tbody>
<tr>
<td>GASOLINE</td>
<td>MIXED PRODUCT</td>
</tr>
<tr>
<td>GASOHOL</td>
<td>TRANSPORT ACCIDENT</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>FIRE</td>
</tr>
<tr>
<td>DIESEL</td>
<td>THEFT</td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
</tr>
</tbody>
</table>

**ACCOUNT NUMBER:**

**COMPANY NAME:**

**REPORTING MONTH/yr:**

Claim for lost product must be filed within one year from the date of incident.

1. **Date of incident:**

2. **City and State where incident occurred:**

3. **County where incident occurred:**

4. **Agency investigating incident:**

5. **Has this been reported to the Arkansas Pollution Control & Ecology Dept.:**

6. **TOTAL AMOUNT OF GALLONS LOST:**

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**EXPLANATION OF INCIDENT**

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The undersigned, hereby declares under the penalties of law that the information provided in this form, is a true completed statement of all facts concerning specific losses as claimed on the Motor Fuel Tax Distributor's/Supplier’s report.

**NAME**

**TITLE**

**SIGNATURE**

**DATE**