



Sheep and Wool Promotion and Research Program

280 North High Street, P.O. Box 182383

Columbus, Ohio 43218-2383

Ph: 614-246-8293, Fx: 614-246-8693

APPLICATION FOR REFUND

Instructions

1. This application must be postmarked no later than 30 days following date of sale.
2. A copy of the account of sale establishing that the assessment has been paid must be submitted with this refund application.
3. Applicant's name must be the same as it appears on the account of sale (or certificate of inspection).
4. Refund application must be signed by the refundee.
5. Please promptly file this application by mailing to Ohio Sheep & Wool Program, PO Box 182383, Columbus, Ohio 43218-2383.

Applicant Identification

Applicant's Name _____ Social Security No. _____

Street Address _____ City _____

State/Zip Code _____ () _____ Telephone No. _____

Proof of Payment

A. Assessment was collected by:

Company/Market/Person Name _____

Street Address _____ City _____ State _____ Zip Code _____

B. Refund request is for (check one) for Wool for Sheep/Lambs

Date of assessment/sale _____ mm/dd/yy Amount of Assessment \$ _____
(submit copy of invoice/settlement)

Amount of Refund Requested \$ _____

I certify, under penalties provided by law, that: The applicant requesting this refund paid the assessment for which a refund is sought and such applicant did not collect such assessment from another producer. The information contained in this request is correct and not false or fraudulent. A request has not previously been submitted nor a refund received on the above to which this application refers.

FOR OFFICE USE ONLY

Date Received _____

Refund Paid \$ _____

Date _____

Check # _____

By _____

Signature of Applicant or Authorized Representative _____ Date _____