



# The Office of Secretary of State

*Brian P. Kemp*  
SECRETARY OF STATE

## Refund Requests

Date of Request: \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

Original Amount Paid: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ ACH

Invoice #: \_\_\_\_\_

Amount to be Refunded: \_\_\_\_\_

Control #: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Reason(s) for refund request:

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

### **Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email address: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Refund requests are valid only if submitted within 24 months of the original date of payment and all supporting documentation is attached.

Please complete and return with any supporting documents by emailing to [refundrequestform@sos.ga.gov](mailto:refundrequestform@sos.ga.gov) or faxing to 478.314.5805. Should you choose to mail your request, please send it to the address listed below. Please only submit one request per form.