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 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.

2 Martin Luther King Jr. Drive SE, Suite 313 • Atlanta, Georgia 30334-1530 • 404-656-2817 • 404-657-2248 Fax
www.sos.georgia.gov