

## WILDLIFE RESOURCES DIVISION

**Refund Request** 

Fees are refundable under limited circumstances. Refer to WRD policy for explanations & limitations. Refunds will be made in the same manner as paid (credit card = credit card reversals; check or cash = refund by check). Allow 45 days for processing.

Name (First Middle Last)								Date of Birth Month/Day/Year				
										/	/	
Street Address			City					State	Zip			
Email Address		Home Telephone				Date of Original Transaction						
		Work Telephone		nome relephone			priorie					
Vessel Registration # or Document # (if applicable) Paid By Total Re											Total Refund	
				Cash Check Money Orde				der 🛛	Credit	Card	Requested	
	□ Visa □ Mastercard □ AMEX				 FY <b>Π</b>	Ś						
Exact Name on Credi							ast Four Digits Only of Credit Card					
								/				
Reason for Refund Request (Include the names of anyone erroneously charged for a license or other service)												
I certify that I or another person have: 1. Not hunted/fished under authority of the license for which a refund has been												
requested and will not use such license or a copy of the license now or in the future; 2. Not used the boat registration privilege for which a refund has been requested and will not do so now or in the future; 3. Have not used and will not use any other												
service or privilege for which I or another receives a refund. I understand that should any license or vessel registration be												
refunded and voided, should I or another person hunt/fish under this voided license or use the voided vessel registration on another copy of the license(s)/registration, this will constitute a violation of Georgia law, subject to fine, imprisonment or both.												
Signed Date												
Information below to be completed by WRD												
Completed by Cus	Reviewer Signature					Date						
Completed by Customer       Recommend Approval         Completed by WRD       Recommend Denial												
Approved Amount Justification for Refu								Justif	stification for Denial			
Fund Source		Did not receive a product Other										
Control # (if used) Supervisor Approval						Date Se	nt to	Date	Credit	By (initials)		
					Cash Mgmt			gmt	Reve	ersed		

Mail completed form to: Department of Natural Resources, Attn: Refund Request, 2065 Hwy 278 S.E., Social Circle, GA 30025. If approved, please allow 4-6 weeks for a refund check to reach you. A credit will be applied to your credit card account within 2 to 4 weeks upon receipt and approval.