OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

Brian P. Kemp
Secretary of State

REFUND REQUEST

Date of Request: _____ Date of Transaction: _____

Control Number: _____

Entity Name: _____

Original Amount Paid: _____ Invoice Number: _____

Payment Method: ☐ Check ☐ Credit Card ☐ ACH

Amount to be refunded: _____

Reason(s) for refund request: _____

_____

_____

Cardholder Name: _____

Last Four Digits of Credit/Debit Card Used: _____

Expiration Date of Credit/Debit Card Used: _____

Requestor's Contact Information:

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Requestor's Signature: _____

Refund requests are valid only if submitted within 6 months of the original date of payment and all supporting documentation is attached.

Please complete and return this form with any supporting documents to the Corporations Division by emailing to refundrequestform@sos.ga.gov. Should you choose to mail your request, please send it to the address listed above. Please submit only one request per form.