

**ILLINOIS EQUINE INDUSTRY
RESEARCH AND PROMOTION BOARD**
PO Box 7317, Springfield, IL 62791



ASSESSMENT REFUND REQUEST

Assessment refunds must be requested within two (2) months of purchase. All refund requests must be accompanied by copies of dated receipts with separate line items showing the assessment charge. Payments of refunds will be made within 90 days after an application for refund has been made. A purchaser who obtains a refund is not eligible for any benefits provided under the Illinois Equine Research and Promotion Act (PA93-0135).

Refund requests lacking any supporting documentation will not be processed. Refund requests made after the 2-month period will not be processed. Failure to complete all REQUIRED information may delay payments. Refund requests that are delayed and after the 2-month period due to incomplete information may not be eligible for refunds. Verification of 2-month period will be based on U.S. Postal Service post-mark. All requests must be made in writing; no verbal or electronic requests will be processed.

Only feed sold and assessed in Illinois is eligible for a refund under the Illinois Equine Industry Research and Promotion Act.

(Please print or type)

Purchaser* _____

Location of purchase* _____

Social Security Number or Federal Tax Identification Number* _____

Address* _____

City* _____ State* _____ Zip* _____

Telephone _____ Facsimile _____

Email _____

***Required information**

Purchase Date	Retailer	Location	Total lbs	Assessment Paid
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Refund				\$

I certify that I have not applied for, nor received any benefits under the Illinois Equine Research and Promotion Board. I, the undersigned, under penalty of perjury, certify that the information contained within this report is accurate.

Signature of purchaser

Date

For Illinois Equine Research and Promotion Board Use Only

Application Received _____

Information Complete Yes No Receipts Attached Yes No

Eligible for refund Yes No Refund Issued Yes No

Refund Issued Check # _____ Date _____ Amount \$ _____