

REFUND REQUEST
of the
Orange County Comptroller's Official Records Department

1. Date of Request: _____

2. Name of Company: _____

3. Date Transaction Occurred: _____

(Please note that the Comptroller's Office requires a refund request to be received within 45 days of the date of the transaction.)

4. Transaction (Receipt) Number: _____

(Please enclose copy of receipt)

5. Amount to be Refunded: \$ _____

6. Address to Mail Refund Check: _____

Signature

Title

Date

Mail completed form and copy of the receipt to:
Orange County Comptroller's Office
Official Records Department
P.O. Box 38
Orlando, FL 32802-0038