



WASHINGTON STATE PARKS & RECREATION COMMISSION

REQUEST FOR REFUND OF DONATION MADE IN ERROR

I, the undersigned, certify that when registering or renewing my vehicle through the Department of Licensing on ____ (month) ____ (day), 20__ (year), I paid \$5 to the State Parks donation program under a provision that is part of the vehicle registration process. My registration information is as follows:

Form with fields: VIN, YEAR / MAKE / MODEL, REGISTERED NAME ON VEHICLE

Attach a copy of your Washington State Department of Licensing Vehicle Registration Certificate. This will be used to verify your \$5 donation payment.

I certify that I made the donation to the Washington State Parks and Recreation Commission in error and that I did not intend to make the gift. I request that a \$5 refund be sent to the following address:

Form with fields: STREET ADDRESS, CITY, STATE, ZIP

SIGNATURE DATE

Mail completed form and a copy of your vehicle registration certificate to:

Washington State Parks & Recreation Commission
1111 Israel Road SW
P.O. Box 42650
Olympia, WA 98504-2650
(360) 902-8500

For Official Use Only

Table with columns: PREPARED BY, TELEPHONE NUMBER, DATE, DOC. DATE, PMT DUE DATE, CURRENT DOC. NO., VENDOR NUMBER, VENDOR MESSAGE, REF DOC SUF, TRANS CODE, M O D, FUND, MASTER INDEX (APPN INDEX, PROGRAM INDEX), SUB OBJ, SUB SUB OBJECT, ORG INDEX, MAJ GRP, MAJ SRC, SUB SOURCE, AMOUNT, COMMENTS, ACCOUNTING APPROVAL FOR PAYMENT, DATE, WARRANT TOTAL