

**REQUEST FOR REFUND**

<b>Reference #</b> <i>(Patent #, Application #, Trademark Serial #, Registration #, etc.)</i>		<b>Title of Invention or Mark Information</b>	
<b>Attorney Docket #</b> <i>(if applicable)</i>	<b>Payment Date</b> <i>(mm/dd/yyyy)</i>	<b>Refund Request Amount</b>	
<b>Refund Option</b> <i>(Select one)</i>			
If approved, issue the refund to the account associated with the original payment.			
If approved, and the original payment was a check, issue the refund to deposit account # _____.			
If approved, and the original payment was a check, issue the refund as a U.S. Treasury check.			
<b>Reason for Refund Request</b> <i>Refund requests must generally be filed within 2 years of payment date (37 CFR 1.26 and 2.209)</i>			
Duplicate Payment	No Fee Due	Office Error	
Small Entity Later Established* <small><i>(*must be filed within 3 months of payment date, 37 CFR 1.28)</i></small>	Other _____		
<b>Rationale</b> <i>(Supporting documentation may be submitted with this form)</i>			

**Requester's Information**

<b>Company or Firm Name</b> <i>(if applicable)</i>		
<b>Address Line 1</b>	<b>City</b>	<b>State/Region</b>
<b>Address Line 2</b> <i>(if applicable)</i>	<b>Country</b>	<b>Zip/Postal Code</b>
<b>Email Address</b> <i>(You will receive an acknowledgment of receipt only if you provide a valid email address)</i>		<b>Phone Number</b>
<b>Requester's Name</b>		<b>Registration Number</b> <i>(if applicable)</i>
<b>Signature</b>		<b>Date</b> <i>(mm/dd/yyyy)</i>

Submit online: [EFS-Web](#) *(registered users only)*, or

Fax to: 571-273-6500, or

Mail to: Director of the U.S. Patent and Trademark Office, Attn: Refunds, 2051 Jamieson Avenue, Suite 300, Alexandria, VA 22314