

REQUEST FOR REFUND

Reference # <i>(Patent #, Application #, Trademark Serial #, Registration #, etc.)</i>		Title of Invention or Mark Information	
Attorney Docket # <i>(if applicable)</i>	Payment Date <i>(mm/dd/yyyy)</i>	Refund Request Amount	
Refund Option <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.			
Reason for Refund Request <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 _____		
Rationale <i>(Supporting documentation may be submitted with this form)</i>			

Requester's Information

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

Fax to: 571-273-6500, or**Mail to:** Mail Stop 16, Director of the U.S. Patent and Trademark Office, P. O. Box 1450, Alexandria, VA 22313-1450, or**Submit online:** [EFS-Web](#) *(registered users only)*