

**ILLINOIS EQUINE INDUSTRY  
RESEARCH AND PROMOTION BOARD**  
106 Lilac Lane, Chatham, IL 62629



**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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Total Refund</b>				<b>\$</b>

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 \$ \_\_\_\_\_