WASHINGTON STATE PARKS AND RECREATION COMMISSION

FINANCIAL SERVICES

**Donation Refund Request**

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:

|  |
| --- |
| 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:

|  |
| --- |
| STREET ADDRESS      |
| CITY      | STATE      | ZIP      |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE** **DATE**

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

**Washington State Parks & Recreation Commission**

**P.O. Box 42650**

**Olympia, WA 98504-2650**

**(360) 902-8500**

|  |
| --- |
| **Official Use Only** |
| PREPARED BY | TELEPHONE NUMBER  | DATE |  |
| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. |  | VENDOR NUMBER | VENDOR MESSAGE |
| REFDOCSUF | TRANSCODE | MOD | FUND | MASTER INDEX | SUBOBJ | SUBSUBOBJECT | ORGINDEX | MAJGRP | MAJSRC | SUB SOURCE | AMOUNT | COMMENTS |
| APPN INDEX | PROGRAMINDEX |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  ACCOUNTING APPROVAL FOR PAYMENT |  DATE |  WARRANT TOTAL |   |