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 | |
| REF  DOC  SUF | TRANS  CODE | M  O  D | FUND | | MASTER INDEX | | | SUB  OBJ | | SUB  SUB  OBJECT | | ORG  INDEX | MAJ  GRP | | | MAJ  SRC | SUB SOURCE | | AMOUNT | COMMENTS |
| APPN  INDEX | PROGRAM  INDEX | |
|  |  |  |  | |  |  | |  | |  | |  |  | | |  |  | |  |  |
|  |  |  |  | |  |  | |  | |  | |  |  | | |  |  | |  |  |
| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | | | | DATE | | | | | | | | | WARRANT TOTAL |  |