# Peace Region Forage Seed Levy
# REQUEST FOR REFUND

**According to the Regulations, requests for refunds must be received at the Levy Administration office prior to the end of January for Levy deducted during the previous calendar year. Refunds will be issued prior to mid-March.**

**Producers Name** _____

**Mailing Address** _____

**City** _____ **Province** _____ **Postal Code** _____

**Phone** (_____)_____ **Fax** (_____)_____

| Crop Type | Crop Class | Dealer Seed Was Sold To | Date of Sale | Total Kgs Sold | Levy Amount Deducted |
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Total Levy Deducted $_____

Voluntary Contribution $_____

Total Levy Refund Requested $_____

Signature_____ Date_____

Please mail your refund application to: Peace Region Forage Seed Levy Administration Office
PO Box 39 Bezanson, AB T0H 0G0
Phone: (780)539-1495 Fax: (780) 539-1430