

REQUEST FOR REFUND

Reference # <i>(Patent #, Application #, 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 an option for your refund, if approved)</i>		
<p>Refund to the credit/debit card, electronic funds transfer (EFT), or deposit account associated with the original payment. If the original payment was a U.S. check from a personal or business checking account, I understand the refund will be issued by EFT to the same checking account.</p> <p>Refund to deposit account # _____.</p> <p>There is no deposit account available to issue the refund and the original payment was a foreign check, cashier's check, money order, or wire transfer; or the original payment account is unavailable (e.g., the account is closed). I understand you will contact me with additional instructions using the contact information entered below if the refund is approved.</p>		
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>		
<p>Duplicate Payment No Fee Due Office Error Other:</p> <p>Small Entity Later Established*</p> <p><small>*Must be filed within 3 months of payment date (37 CFR 1.28). There is no refund when micro entity is later established.</small></p>		
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		Phone Number
Requester's Name		Registration Number <i>(if applicable)</i>
Signature		Date <i>(mm/dd/yyyy)</i>

Submit online via Patent Center (Patents customers who are registered users only): <https://patentcenter.uspto.gov>, or
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