

REQUEST FOR REFUND

Reference # <i>(Patent #, Application #, Trademark Serial #, Registration #, 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 one)</i>		
If approved, issue the refund to the account associated with the original payment. If approved, and the original payment was a check, issue the refund to deposit account # _____. If approved, and the original payment was a check, issue the refund as a U.S. Treasury check.		
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>		
Duplicate Payment No Fee Due Office Error Other: Small Entity Later Established* <i>*(Must be filed within 3 months of payment date, 37 CFR 1.28. There is no refund when micro entity is later established.)</i>		
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 <i>(You will receive an acknowledgment of receipt only if you provide a valid email address)</i>		Phone Number
Requester's Name		Registration Number <i>(if applicable)</i>
Signature		Date <i>(mm/dd/yyyy)</i>

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Fax to: 571-273-6500, or
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