

**Ohio Vegetable and Small Fruit Research and Development Program  
(OVSFRDP)**

6870 Licking Valley Road  
Frazeysburg, OH 43822  
740-828-3400  
ohiopgma@gmail.com • www.opgma.org/ovsfrdp

**Application for Refund**

**Instructions**

1. This written request for a full or partial refund will be honored if **received within 30 days of payment and payment is made by December 31, 2024.**
2. Please promptly file this application by mailing to Ohio Vegetable and Small Fruit Research and Development Program, 6870 Licking Valley Road, Frazeysburg, OH 43822.
3. Farm and applicant's name must be the same as it appears on the assessment form.
4. Refund application must be signed by the person receiving the refund.

**Farm Name** \_\_\_\_\_

**Applicant's Name (last, first)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Date Assessment Paid** \_\_\_\_\_

**Assessment Paid \$** \_\_\_\_\_

**Total Amount of Refund Requested \$** \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_

Refund Paid \$: \_\_\_\_\_

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

**Applicant Signature or Authorized Representative**

**Date**