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, 2026.**

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**