

Colorado Sheep & Wool Authority
Checkoff Refund

Name _____

Phone _____ SS# or Tax ID _____

Address _____

City _____ State _____ Zip Code _____

Email _____

of Head _____ Assessment Amount _____ Date of Sale/Assessment _____

Assessment Collected By (name of person or company) _____

Address _____ City _____ State _____ Zip _____

I understand that I am entitled to receive a refund of up to 75% of the assessment paid, if I file my refund claim on time. The following options are available:

_____ I want the 75% refund paid to me in full. Amount of refund requested _____ (up to 75% of assessment paid)

_____ I want all or part of my refund donated to the Colorado Sheep & Wool Authority to be used for the following programs (please check program and amount):

Promotion _____ Education _____ Research _____ Information _____ Other _____

_____ I want all or part of my refund donated to the Colorado Wool Growers Association for legislative purposes.
Amount \$ _____

Certification: I hereby certify that the above information is correct and accurate to the best of my knowledge. I am aware that false information or failure to report may result in civil and administrative penalties.

Signature

Date

- 1. This application must be postmarked no later than 30 days following the date of sale or assessment remittance.**
- 2. A copy of the Proof of Assessment Form, settlement sheet, or sales receipt showing the amount deducted must accompany this refund form.**
- 3. Refund applications must be signed by the person requesting the refund.**

Mail the refund form to

**Colorado Sheep & Wool Authority
PO Box 292
Delta, CO 81416-0292**

**(970) 874-1433 • (970) 874-4170 fax
cwgawool@aol.com • coloradosheep.org**

