

# Refund Request- Mail in Form Only (Nevada Commercial Recordings)

To fill out on-line please return to the main page and click on the *Refund Request Form* - [Click Here](#) link.

This **mail in form** is to request a refund from the Nevada Commercial Recordings Division. Please take the time to provide our team with as much information as possible to ensure timely processing. All fields are required, and incomplete or missing questions will delay or result in rejection of request. (For fastest processing please use the on-line process.) ***To print this form right click on the document and select print.***

After you complete this form, please mail it to:

Commercial Recordings  
401 N. Carson Street  
Carson City, NV 89701-4201

\*Per NRS 225.155 we do not refund requests under \$15

## **What you will need before you get started:**

- Your Submitter Account Number
- Entity name
- Filing Type or Service you paid for
- Confirmation or Work Order number if applicable (online filings usually will have these numbers)
- Exact Date of payment
- Total Amount of Payment
- Refund Amount Requested
- Payment Information (Credit Card, Cash, Check, Money Order, Trust Account)
- Last four digits of the credit card you used for this payment (if applicable)
  - If the original transaction is over 12 months old the refund will be in form of a check.
  - The 2.5% credit card fee does not qualify for a refund.
- Money Order number (if applicable)
- Check Number (if applicable)
- Reason for refund request

**NOTE:** Checks, Money Orders and Cash refunds will be mailed, and you must provide mailing details in this form. Credit Card payments will be refunded to the card that was used to make the original purchase.

Let's Get Started!



## Refund Request- Mail in Form Only (Nevada Commercial Recordings)

\* Required

1. Today's Date \*

Please input date (mm/dd/yyyy)

2. Your First and Last name \*

3. Daytime Phone number \*

4. Your Email Address \*

5. Entity Name/# From Original Filing \*

6. Submitter ID \*

Found on the receipt and in your account information.

7. Confirmation or Work Order Number \*

Online orders will have this number as part of their receipt. If you mailed in or paid in person, please indicate that below.

8. What type of filing or service did you complete in this transaction? \*

9. What was the date of the original payment transaction? \*

Please input date (mm/dd/yyyy)

10. How did you pay for this transaction? \*

☐ Cash

☐ Credit

☐ Money Order

☐ Check

☐ Trust Account



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11. Please enter the following if you paid by: \*

Check: Check Number

Money Order: Order Number

Trust Account: Account Number

Credit Card: Last Four Digits of card used in original transaction

12. What is the amount of the original transaction? \*

13. What is the amount of the requested refund? \*

14. What is the reason for this refund request? \*

15. Please provide a complete mailing address to mail the refund check. \*

\* If your credit card transaction was 12 months ago or more your refund will not be credited to the card but in the form of a check.

**Please attach any supporting documentation.**

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