



Date Received: _____

SERVICE CHARGE (CHECK-OFF) REFUND APPLICATION

Application period: August 1, 20____ to January 31, 20____ February 1, 20____ to July 31, 20____

Mail to: Alberta Wheat Commission, #200, 6815 8th St. NE, Calgary, AB T2E 7H7 or Fax to: 403-717-1966. For more information about the check-off please contact: **Brian Kennedy, Grower Relations Coordinator at 403-219-7904.**

1. Any wheat producer who has had check-off remitted to the Alberta Wheat Commission (AWC) in their name may apply for a refund.
2. A separate refund form from each legal entity that sold wheat is required.
3. Refund applications must be received in the AWC office at the above address **ON** or **BEFORE the last day of February for the previous August 1 to January 31 period** and **the last day of August for the previous February 1 to July 31 period.**
4. Any service charge refund is payable within 90 days of the conclusion of each of these two periods.
5. Refund applications not received in the above mentioned time frames will not be considered by the Commission and subsequently no refund will be issued.

PLEASE COMPLETE THE FOLLOWING (Print Only):

Producer Name: _____ Farm Name (if applicable): _____

Address: _____ City/Town: _____ Province: _____

Postal Code: _____ Phone: _____ Email: _____

Reason for requesting refund: _____

For deferred payments copies of cash purchase tickets are required with the refund form. If there is a question with your claim, you will be contacted for additional information at that time.

Sale Date (list all)	Class	Tonnes sold	Check-off Deducted @ \$1.09/tonne	Dealer and Location
eg. Aug 15/2015	Hard Red Spring	10.000	\$10.900	P&H Milling, Lethbridge
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals:		_____	_____	_____

Producer or Authorized Signature: _____ Date: _____

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