



## Florida Electronic Fingerprinting Services (FEFS) Refund Request

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

Office Location: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Client First and Last Name: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Processed By: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Original copy should be emailed to [info@fefps.com](mailto:info@fefps.com),

Florida Electronic Fingerprinting Services Accounts Payable Department.

Refunds checks are issued and mailed within 30 Days of the Email Requested Refund