



**LOUISIANA SUPPORT ENFORCEMENT ASSOCIATION
POST OFFICE BOX 486, ALEXANDRIA, LA 71309-0486**

REQUEST FOR REFUND

(PLEASE COMPLETE AND MAIL TO ADDRESS ABOVE)

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

I hereby request a refund in the amount of \$ _____ which was paid for the following:

_____.

The reason I am requesting a refund is because: _____

_____.

Please make the check payable to me and send the refund check to me at the above address
or payable to: _____.

Sincerely,

(PLEASE SIGN. A REFUND CAN NOT BE ISSUED IF NOT SIGNED)

FOR LSEA USE:

Refund Authorized by: _____

Date Refund Paid: _____

Check Number: _____