

## **Organic Producer Request for Check-off Refund**

Producer <b>OR</b> Business Name:	
(Please Print)	
Producer <b>OR</b> Authorized Business <b>Signature(s)</b> :	
Check-off amount requested for refund (please indicated)	ate a dollar amount):
Please list any grain buyers who deducted the chec	k-off from your payment, along with the commodity
, 9 ,	no deducted the check-off from your payment, please
indicate this on the form and provide an attachmen	t with a full list:
1. Grain Buyer:	
Commodity	
Commodity:	<del></del>
2. Grain Buyer:	
Commodity:	
3. Grain Buyer:	<del></del>
Commodity:	
Please attach a scanned or copy of your sales ticke	ets so we can confirm the refund amount.
., ,	
Contact Information:	
Address:	City/Town:
Province: Postal Code:	Telephone:
Email: [	Date:
_	
<b>Return form to:</b> By mail: Manitoba Organic De	evelopment Fund

Refund requests NOT received by the Manitoba Organic Development Fund within the time period specified will not be considered and the producer will not be entitled to a refund.

Box 1193

Portage la Prairie, MB, R1N 3J9

By email: info@manitobaorganicalliance.com