

## **Authorization to Refund for Florida Surplus Lines Service Office**



## FLORIDA DIVISION OF EMERGENCY MANAGEMENT SURCHARGE

Remit to Agency Name:	
FEIN:	
Remit to Address:	
Reason for Refund:	
Request From:	Request Date
Surplus Lines Surcharge to be Refunded? \$	
Signature:	Date:
**************************************	
Amount Paid: \$	
Date Paid:	
I have verified the refund calculations as indicated above:	
Approved By:	Date:
Authorized By:	Date:
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