



STATE OF NEW MEXICO

Secretary of State

325 Don Gaspar Ave., Suite 300

Santa Fe, New Mexico 87501

REQUEST FOR REFUND FROM PRE-PAID ACCOUNT

Prepaid Account Information

Name on Account: _____

Business Name, if associated with a business: _____

Prepaid Account Number: _____

Amount of Refund Request: \$ _____

Reason for Request _____

Check here if the reason is that you are clearing out your prepaid account

Contact Information

Refund checks will be mailed to the address provided here

Name: _____

Address: _____

Ste/Apt./FL: _____

City: _____ State: NM Zip Code: _____

Business phone: _____ Ext. _____

Email address: _____

Signature: _____ Date: _____

Submit this form to the Secretary of State's Office via email to business.services@sos.nm.gov or mail this form to:

**New Mexico Secretary of State
Business Services Division
325 Don Gaspar Ave., Ste. 300
Santa Fe, NM 87501**