Florida Fish and Wildlife Conservation Commission
Gopher Tortoise Permit Refund Request

**Use this form only if your permit invoice was calculated according to the CPI-adjusted mitigation implemented on 7/1/2015.*

Requestor Contact Information

Name -	**First Name**	**Last Name**	
Affiliation			
Address		**Apt./ Suite/ Room number**	
City/ State/ Zip		FL **Zip Code**	
Phone number		**Alternate Phone**	
E-mail address		☐ I prefer to be contacted by FWC via e-mail	

Requestor information same as Permittee information?

- ○ Yes — By selecting the "Yes" button I authorize FWC to correspond with and/or mail payment to the address above.
- ○ No — Please only fill out "Permittee Contact Information" section below if you selected the "No" button.

Permittee Contact Information*

Name -	**First Name**	**Last Name**	
Affiliation			
Address		**Apt./ Suite/ Room number**	
City/ State/ Zip		FL **Zip Code**	
Phone number		**Alternate Phone**	
E-mail address		☐ I prefer to be contacted by FWC via e-mail	

Permit Information

Type of permit issued	Conservation Permit	**Permit number**ʳ	ÐÐ‰ÐĂłšŽŶ ŶŽŵďĞđ
Date of final after action report Submitted		**Permit Invoice Number**	
Number of tortoises permitted			
Number of tortoises relocated as reported on after action report			

Mitigation Contribution Refund Request Information

Refund request for	tortoises X	per tortoise	= Balance shown on invoice	X	= Total Refund Request
0	$103		$ 0.00	0.97 [1]	$ 0.00

[1] A non-refundable 3% administrative service charge is assessed by the Wildlife Foundation of Florida.

Additional comments regarding request:

***Please note that refunds will only be issued to the permittee or to the entity that paid the mitigation.**

Please complete this form and upload via the FWC online permit system or print and mail or email łŽ

Florida Fish & Wildlife Conservation Commission
Gopher Tortoise Permit Coordinator
620 S. Meridian Street, MS 2A
Tallahassee, FL 32399

Phone: (850)921-1031
Email: gtpermits@myfwc.com

Authorizing Signature

I hereby swear and affirm by checking this box that the information submitted in this request and any supporting documents is complete and accurate to the best of my knowledge and belief. I understand that an false statement herein may subject me to criminal penalties. I further state that I will abide by all applicable State, federal and local laws.

Signature: _____ Date: _____

Refund requests will be processed only after the final after action report is accepted by the FWC. This refund request form must be submitted to the FWC within 60 days of the date the final after action report is accepted. Forms submitted more than 60 days after FWC acceptance of the final after action report will not be eligible for a refund.