

TAG RETURN ENVELOPE

**MUST BE COMPLETED IN FULL
REFUNDS WILL BE ISSUED TO LICENSED
ACCOUNT HOLDERS ONLY.**

**Mail to GIBC, P.O. Box 24 or drop off at Macomb office, trailer or toll booth
REFUNDS WILL BE ISSUED BY MAIL WITHIN 15 BUSINESS DAYS**



DATE ___/___/___ BRIDGE PASS # W50 _____, W50 _____,
#W50 _____, W50 _____

Name: _____
(Last) (First) (M)

Address: _____

City, State, Zip: _____

Phone _____ E-Mail _____

OFFICE USE ONLY

Account Number _____

Tag # returned _____

Tag #'s still in use _____

Employee Initials _____

Tag Deposit's \$ _____

Remaining Account Balance \$ _____

Total Refund Amount \$ _____

Check Number _____ /Date _____

Posted/Date _____