

Administrative use only			
Received date Initials			
Join date			
Investment Amount			
Emailed Initials			
Approved Date			

## **Equity Share Refund Request**

Date	Owner Number		
Owner of Reco	rd (Name)		
	ke to donate the amount I into my Equity Share to the et's community outreach and grams	I am requesting a refund for the amount into my Owner Equity Share of the Community Market. Please send the check to the address:	Common
Address			
City	State_	Zip Code	-
Phone Number	Ema	il (for refund status alerts)	
	lerstand that the refund may tak	uity Share I will no longer receive any Owner disc ke 6-8 weeks to arrive pending the Board of Direct	
Signature of Ov	wner of Record		
	e which of the following best d ortant to us; please use back for	escribes the reason you are requesting a refund additional space.	. Your
☐ Moving out	of the area	d a co-op or natural foods store closer to home	
☐ Other reason	IS		
Were you satisf	fied with the following services	or products provided by the Common Market?	
Services			
Products			-
Policies			
Owner Benefits	3		