



City of Miami Gardens
Attn: Finance Dept.
18605 NW 27th Avenue
Miami Gardens, FL 33056

REQUEST FOR REFUND

Please complete this form and return it to the address listed above. Keep copies of all documentation for your records.

I REQUEST A REFUND AS A RESULT OF THE FOLLOWING: *[Check appropriate box]*

- ☐ **DUPLICATE AND/OR OVERPAYMENT OF A NOTICE OF VIOLATION**
- ☐ **OVERPAYMENT OF THE NOTICE OF VIOLATION AS A RESULT OF A HEARING**
- ☐ **OVERPAYMENT OF THE NOTICE OF VIOLATION AS A RESULT OF AN APPEAL**
- ☐ **OTHER**

Reason: _____

AFFIRMATION

I hereby affirm that I am entitled to a refund in the amount of \$_____ for the reason(s) claimed above and that the information that I am submitting is truthful.

Date

Signature

Note: Unsigned request forms or insufficient information may require resubmission and delay your refund.

MAIL REFUND TO: *[Please print clearly]*

Name		Notice #	Plate # / State
Street Address		City and State	Zip Code
Phone Number	Best Time to Call	Email Address	

If the refund check is to be mailed to someone other than that of the registered owner, the registered owner's signature is required below:

Date

Signature

Approved by: Finance _____