



City of New Port Richey  
ATTN: Finance  
5919 Main Street  
New Port Richey, FL 34652

## 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 or Overpayment of a Notice of Violation  
☐ 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 |                   | Town 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

**MAIL THIS COMPLETED FORM TO THE ADDRESS LISTED ABOVE.**