



Osceola County, FL
Attn: Finance
Intersection Safety Program
1 Courthouse Square, Suite 2100
Kissimmee, FL 34741

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		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

MAIL THIS COMPLETED FORM TO THE ADDRESS LISTED ABOVE.