

City of Sunrise Attn: Treasury Section Rita Henderson or Kelly Scapecchi

10770 W. Oakland Park Blvd. Sunrise, FL 33351

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

□ 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 som registered owner's signature is required belo	eone other than that of the registered owner, the w:
Date	Signature