



**City of Tampa  
Revenue and Finance  
306 East Jackson Street  
Tampa, FL 33602**

## 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 someone other than that of the registered owner, the registered owner's signature is required below:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature