

Violation Processing Center  
 Attn: New Orleans Refund  
 PO Box 22091  
 Tempe, AZ 85285-2091

## 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**
- 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]*

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

**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**