



Laurel Police Department
 811 Fifth Street
 Laurel, MD 20707

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**
- OVERPAYMENT OF THE NOTICE OF VIOLATION AS A RESULT OF A HEARING**
- 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	Best Time to Call	
Phone Number	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