

City of Fayetteville
Safelite Program
Attn: Finance
PO Drawer D
Fayetteville, NC 28302



Request for Refund

Citation #	Complaint #	Plate	Registration State	Vehicle Make	Vehicle Model

Please complete this form and return it to the return 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 Citation
☐ 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

MAIL REFUND TO: *[Please print clearly]*

Name	Notice #	Plate # / State
Street Address	Town 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

FOR OFFICIAL USE ONLY

Approver Name	Signature and Date

MAIL THIS COMPLETED FORM TO THE RETURN ADDRESS LISTED ABOVE.