

## **REQUEST FOR REFUND**

Please complete this form and return it to the address listed above. Keep copies of all documentation for your records.

I REQU	EST A REFUND AS A RESUI	LT OF THE F	OLLOWING:	[Check appropriate box	]
	DUPLICATE AND/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				
	nsigned request forms or insuf		ation may requ	uire resubmission and d	lelay your refund.
Name			Notice #		Plate # / State
Street /	Address			City and State	Zip Code
Phone Number Best Tim			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 Signar			ure	