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

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 rease claimed above and that the information that I am submitting is truthful.		for the reason(s)
Date	Signature	

Note: Unsigned request forms or insufficient information may require resubmission and delay your refund.

MAIL REFUND TO:	[Please print clearly]
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Name	Notice #		Plate # / State
Street Address	I	City and State	Zip Code
Phone Number	Best Time to Call	Email Address	

If the refund check is to be mailed to som registered owner's signature is required belo	eone other than that of the registered owner, the ow:
Date	Signature