



City of Puyallup Finance Department
 333 South Meridian
 Puyallup, WA 98371-5913

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 INFRACTION**
- OVERPAYMENT OF THE NOTICE OF INFRACTION 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
Phone Number	Best Time to Call	Email Address

If the refund check is to be mailed to someone other than the registered owner, the registered owner's signature is required below:

Date

Signature