

Please Print or Type

CLAIM FOR REFUND OF MOTOR VEHICLE LICENSE FEE
(Allowable only on vehicle totally destroyed by fire or accident)

NAME OF OWNER _____

STREET ADDRESS _____

City

County

State

Zip Code

MAKE OF VEHICLE _____ PLATE NUMBER _____ FOR YEAR _____

YEAR MODEL _____ BODY STYLE _____

VEHICLE IDENTIFICATION NUMBER _____

LICENSE FEE PAID \$ _____ DATE OF FIRE OR ACCIDENT _____

DETAILS OF FIRE OR ACCIDENT: _____

AFFIDAVIT OF CLAIMANT

The claimant, _____, states that the above described motor vehicle of which he is the owner was *totally* destroyed in the manner stated and is entirely useless and unfit for service, and hereby claims a refund of the unused portion of the license fee.

Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____ Official Title _____

AFFIDAVITS OF TWO OTHER REPUTABLE PERSONS

The affiants, _____ and _____, state that the above described vehicle was *totally* destroyed in the manner stated and is entirely useless and unfit for service.

Signed _____ Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____ Official Title _____

THE ORIGINAL REGISTRATION CERTIFICATE AND LICENSE PLATE MUST ACCOMPANY THE CLAIM FOR REFUND.
BOTH OF THE ABOVE AFFIDAVITS MUST BE EXECUTED.

Approved for refund of \$ _____

Supervisor, Special Plate Section