

ATLANTA, GA

REFUND REQUEST FORM

School Bus Safety Program

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

I REQUEST A REFUND AS A RESULT OF THE FOLLOWING: *[Check appropriate boxes]*

- DUPLICATE AND/OR OVERPAYMENT OF NOTICE OF CITATION**
- OVERPAYMENT OF THE NOTICE OF CITATION 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 documents that I submitted are unaltered.	
_____	_____
Date	Signature

Note: Unsigned request forms or lack of sufficient documentation may require resubmission and delay your refund.

MAIL REFUND TO: *[Please print clearly]*

Name	Citation #	Plate # / State
Street Address	City and State	Zip Code

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

Mail To:
ATLANTA REFUND PROCESSING
PO BOX 22091
TEMPE, AZ 85285-2091