



CITY OF CHICAGO



OFFICE OF THE CITY CLERK
ANNA M. VALENCIA

APPLICATION FOR REFUND

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Home/Cell (____) _____ Work

E-Mail: _____

Description of Vehicle: _____

Year *Make/Model* *Plate#*

VIN

Amount of Refund Claimes: \$ _____

Returning sticker number: # _____ Using sticker number: # _____

Reason for Refund: _____

Under penalty of law, I declare that I have examined this claim and to the best of my knowledge and belief it is true and correct.

Name *(please print)* _____ Signature _____ Date _____

REQUIRED DOCUMENTS

- Complete and sign refund application. • Return vehicle sticker and receipt.
- Please provide a copy of the receipt for the city sticker currently on your vehicle.
- If you paid by check, provide a copy (*front and back*) of the canceled check or a bank statement showing the debit from your account.
- If you paid by credit/debit card, provide a copy of your bank or credit card statement showing the debit from your account.

FOR OFFICE USE ONLY: **APPROVED** **DENIED** *White - City Clerk/ Yellow - Claimant*

Signature: _____ Title: _____

Date received by refund unit: _____ Ext: _____ Voucher # _____