

REFUND REQUEST

Year _____

Make _____

VIN _____

Plate Number _____

THIS REFUND IS BEING REQUESTED FOR THE FOLLOWING REASON:

Vehicle Sold

Double Registered (attach proof of double registration)

Incorrect vehicle registered

Vehicle Wrecked prior to current registration period
(submit accident report, sticker and license receipt)

Registered under wrong classification

Incorrect fee collected

Deleted from Apportioned Fleet

Purchased vehicle from dealer and requested Disabled Veteran plates. Charged for full registration fee. (Dealer error)

Purchased vehicle from dealer and requested farm plates. Charged for full registration fee. (Dealer error)

Other: _____

Please attach registration sticker and/or receipt to this request.

Remarks: _____

Owner's Current Address: _____

Questions? Please call 903-237-2800

Signature of owner or agent

**Mail to: Texas Department Motor Vehicles
4549 W Loop 281
Longview, TX 75604**