CITY OF CHICAGO
DEPARTMENT OF FINANCE

# VEHICLE REFUND APPLICATION

**Section 1: Applicant/Vehicle Owner Information**

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Ticket #(s): _____

Driver's License #: _____ License Plate #: _____

**Vehicle owner name, if different than applicant name:**

First Name: _____ Last Name: _____ Middle Initial: _____

**Reason for Refund:** _____

**Refund Amount Requested:** $ _____

**Section 2: Proof of Payment. Please provide a copy of one of the following documents or:**

- Receipt
- Confirmation page or email
- Cancelled check (front and back)
- Bank Statement
- Credit Card Statement

- **If paid by credit card provide:**
  First four digits _____
  Last four digits _____
- **If paid by electronic check provide:**
  First five digits of the routing # _____
  Last five digits of the account # _____

**Section 3: Submission of Application. Submit completed application and proof of payment to:**

- Email: citationrefunds@cityofchicago.org
- Fax: 312-578-1474
- Mail: City of Chicago P.O. Box 6289, Chicago, IL 60680-6289

**Section 4: Signature**

UNDER PENALTY AS PROVIDED BY LAW, I DECLARE THAT I HAVE EXAMINED THIS CLAIM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I ACKNOWLEDGE THAT SUBMITTING A FALSE CLAIM FOR REIMBURSEMENT IS PUNISHABLE BY A FINE OF UP TO $10,000 UNDER SECTION 1-22-020 OF THE MUNICIPAL CODE OF CHICAGO. **I ACKNOWLEDGE THAT REFUND PAYMENTS MAY BE APPLIED TO ANY DEBTS DUE AND OWING THE CITY.**

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: _____

**For refund status inquiries, please call 312-742-5730.**

**Section 5: Departmental Approval -for office use only – REFAPPL11.09.21**

APPROVED OR DISAPPROVED: PROCESSED BY: DATE:

IF NOT APPROVED, DATE REFUND APPLICANT SENT NOTIFICATION: CSL#: