



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 88292, Chicago, Illinois 60680-1292

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 - REFAPPL05.23.19

APPROVED OR DISAPPROVED:

PROCESSED BY:

DATE:

IF NOT APPROVED, DATE REFUND APPLICANT SENT NOTIFICATION:

CSL#: