



**Hillsborough County, Florida**  
**Red Light Camera Enforcement Program**  
**PO Box 3371**  
**Tampa, FL 33601**

# Request for Refund

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

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

- Duplicate or Overpayment of a Notice of Violation
- Other

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>AFFIRMATION</b>	
I hereby affirm that I am entitled to a refund in the amount of \$_____ for the reason(s) claimed above and that the information that I am submitting is truthful.	
_____	_____
<b>Date</b>	<b>Signature</b>
Note: Unsigned request forms or insufficient information may require resubmission and delay your refund.	

**MAIL REFUND TO:** *[Please print clearly]*

<b>Name</b>		<b>Notice #</b>	<b>Plate # / State</b>
<b>Street Address</b>		<b>City and State</b>	<b>Zip Code</b>
<b>Phone Number</b>	<b>Best Time to Call</b>	<b>Email Address</b>	

<b>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:</b>	
_____	_____
<b>Date</b>	<b>Signature</b>

*Allow at least 30 days for processing.*