



City of Irving
825 W. Irving Blvd.
Irving, Texas 75060

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

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

- DUPLICATE AND/OR OVERPAYMENT OF NOTICE OF VIOLATION**
- OVERPAYMENT OF THE NOTICE OF VIOLATION AS A RESULT OF A HEARING**
- OTHER**

Reason: _____

AFFIRMATION

I hereby affirm that I am entitled to a refund in the amount of \$ _____ for the reason(s) claimed above and that the documents that I submitted are unaltered.

Date Signature

Note: Unsigned request forms or lack of sufficient documentation may require resubmission and delay your refund.

MAIL REFUND TO: *[Please print clearly]*

Name	Notice #	Plate # / State
Street Address	City and State	Zip Code

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:

Date Signature