

STATE PROCESSED VEHICLE REFUNDS

REFUND OF TRUCK REGISTRATION OF 16M OR MORE, &/OR

 REFUND OF 5-YEAR TRAILER REGISTRATION OF 12M OR MORE

Please Type or Print

OWNER INFORMATION

Driver License No.	Registered Owner's Name	Phone Number	Social Security # or FEIN
Mailing Address for Refund			KS
City		State	ZIP

VEHICLE INFORMATION

Year	Make	VIN
Registration Year	License Plate Number	Declared/Gross Weight

REASON FOR REFUND (Check applicable box.)

Vehicle was: Sold Repossessed Owner Deceased: Date _____

Vehicle Ownership was Transferred on: Month _____ Day _____ Year _____

Name of Purchaser/Buyer
 or Repossessing Lien Claimant: _____

Address	City	State	ZIP
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SURRENDER LICENSE PLATE TO COUNTY'S MOTOR VEHICLE OFFICE Completed by County Treasurer's Motor Vehicle Office

The license plate must be surrendered to the county motor vehicle office in the county the truck or trailer was registered.

The license plate listed above
 has been received by the county: Yes No Initials of Co. Associate: _____ Date _____

OWNER'S CERTIFICATION

I, the undersigned, owner of the above referenced vehicle, hereby make application for refund of balance of vehicle registration fee. Acknowledgement is made that, I have not replaced the vehicle referenced herein, therefore I must relinquish the vehicle's registration plate assigned to the referenced vehicle and forfeit the right to register another vehicle under this registration number.

I hereby swear and affirm that the above information is true and correct. I am aware the K.S.A. 8-177 makes swearing to a false statement a misdemeanor and upon conviction shall be punished by a fine not to exceed \$500.

Owner's Signature _____	Hand Printed Name _____	Date _____
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MAILING INSTRUCTIONS

Mail the completed form to:

Kansas Department of Revenue
 Division of Vehicles
 915 SW Harrison
 Topeka, KS 66612-1588
 Attn: Financial Reconciliation Office

FINANCIAL RECONCILIATION OFFICE USE ONLY

Class Code _____	Vehicle Type _____	Registration Type _____	Plate Number _____	Decal Number _____
County Number _____	County Situs _____	Gross Weight _____	Truck Class _____	

Amount of Refund: \$ _____