



SECRETARY OF STATE
Consideration for Refund

This space for use by Secretary of State Accounting Revenue only.

FILE # \_\_\_\_\_

Secretary of State

Department of Accounting Revenue
Refund Section
222 Howlett Bldg.
Springfield, IL 62756
217-782-4908 (FAX) 217-557-4552
www.cyberdriveillinois.com

Individuals qualifying for a refund must submit requests within six months of date of payment.

Any requests under \$5 will not be refunded per 15 ILCS 405 of the State Comptroller Act.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To: Office of the Secretary of State
Accounting Revenue Department
Refund Section
222 Howlett Building
Springfield, IL 62756

Please consider claim for refund of \$ \_\_\_\_\_

Registrant:

Mail To: (If other than registrant)

Form with fields: Name, Street, City, State, Zip Code

Form with fields: Name, Street, City, State, Zip Code

Reason for Request:

- Cancellation: Return vehicle registration sticker and sworn statement. License Plate # \_\_\_\_\_ (Must have previous year registration in same name. No partial or prorated refunds.)
Duplicate: Return vehicle registration sticker with photocopy of registration card being used on vehicle. License Plate # \_\_\_\_\_
Excess Fee: Submit photocopy of vehicle registration card along with photocopy of front and back of canceled check.
Benefit Access: License Plate # \_\_\_\_\_ Control # \_\_\_\_\_ (Issued by Secretary of State)
Driver's License #: \_\_\_\_\_

Explanation: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Signature \_\_\_\_\_