

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 _____ | | City _____ | State KS 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 _____

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 _____

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: \$ _____