SPOKANE TRANSPORTATION BENEFIT DISTRICT
REFUND REQUEST

My signature below certifies that I paid, and am requesting a refund of the City of Spokane Transportation Benefit District $20 annual vehicle fee.

_____ _____
Signature Date

NAME: _____

ADDRESS: _____

_____

CITY/STATE/ZIP: _____

Vehicle ID #: _____
(Attach copy of vehicle registration)

Please submit this form **and** a copy of your paid vehicle registration aeverano@spokanecity.org, fax to 509-625-6550, or mail to City of Spokane; Attn: TBD Clerk; 808 W. Spokane Falls Blvd; Spokane, WA 99201

If you have further questions or need assistance completing this form, please call 509-625-6252.

Please allow up to two weeks to receive your refund check in the mail. Payments will be made to the name and address listed on the registration form.

Lower portion to be filled out by TBD clerk

REASON: _____ CITIZEN LIVES OUTSTIDE CITY LIMTS (verified by TBD Clerk) _____

_____ VEHICLE TYPE NOT SUBJECT TO TBD FEE

_____ OTHER - EXPLAIN BELOW

_____

_____

_____

_____

AUTHORIZED TBD SIGNATURE: _____

FMS ACCOUNT: 6785-85210-99999-34490 VOUCHER (VP) #: _____

AMOUNT: DATE: