

**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 mail this form **and** a copy of your paid vehicle registration to City of Spokane; Attn: TBD Clerk; 808 W. Spokane Falls Blvd; Spokane, WA 99201.

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 OUTSIDE CITY LIMITS (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: _____