

**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; 4th Floor Accounting; Attn: TBD Accountant; 808 W. Spokane Falls Blvd; Spokane, WA 99201.  
**Please allow up to 4 weeks to receive your refund check in the mail.** Payments will be made to the name and address listed on the registration form.

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REASON:  CITIZEN LIVES OUTSIDE CITY LIMITS (verified by)   
 VEHICLE TYPE NOT SUBJECT TO TBD FEE  
 OTHER - EXPLAIN BELOW  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED TBD SIGNATURE: \_\_\_\_\_

FMS ACCOUNT: 1990-85210-99999-31760-99999 VOUCHER (VP) #: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_