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)
	and a copy of your paid vehicle registration rbarden@spokanecity.org, fax to 509- 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.
_	we weeks to receive your refund check in the mail. Payments will be made to the ed 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: