



CITY OF CHICAGO  
DEPARTMENT OF FINANCE

VEHICLE REFUND APPLICATION

Section 1: Applicant/Vehicle Owner Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Ticket #(s): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle owner name, if different than applicant name:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Refund Amount Requested: \$ \_\_\_\_\_

Section 2: Proof of Payment. Please provide a copy of one of the following documents or:

- Receipt
- Confirmation page or email
- Cancelled check (front and back)
- Bank Statement
- Credit Card Statement
- **If paid by credit card provide:**  
First four digits \_\_\_\_\_  
Last four digits \_\_\_\_\_
- **If paid by electronic check provide:**  
First five digits of the routing # \_\_\_\_\_  
Last five digits of the account # \_\_\_\_\_

Section 3: Submission of Application. Submit completed application and proof of payment to:

- Email: [citationrefunds@cityofchicago.org](mailto:citationrefunds@cityofchicago.org)
- Fax: 312-744-2222
- Mail: City of Chicago P.O. Box 6289, Chicago, IL 60680-6289

Section 4: Signature

UNDER PENALTY AS PROVIDED BY LAW, I DECLARE THAT I HAVE EXAMINED THIS CLAIM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I ACKNOWLEDGE THAT SUBMITTING A FALSE CLAIM FOR REIMBURSEMENT IS PUNISHABLE BY A FINE OF UP TO \$10,000 UNDER SECTION 1-22-020 OF THE MUNICIPAL CODE OF CHICAGO. I ACKNOWLEDGE THAT REFUND PAYMENTS MAY BE APPLIED TO ANY DEBTS DUE AND OWING THE CITY.

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

For refund status inquiries, please call 312-742-5730.

Section 5: Departmental Approval -for office use only – REFAPPL11.09.21

APPROVED OR DISAPPROVED:

PROCESSED BY:

DATE:

IF NOT APPROVED, DATE REFUND APPLICANT SENT NOTIFICATION:

CSL#: