



# Secretary of State

## Consideration for Refund

This space for use by  
Secretary of State.

Secretary of State  
Department of Accounting Revenue  
Refund Section  
222 Howlett Bldg.  
Springfield, IL 62756  
217-782-4908  
www.cyberdriveillinois.com

**Individuals qualifying for a refund must submit requests within six months of date of payment.**

Date: \_\_\_\_\_

To: Office of the Secretary of State  
Accounting Revenue Department  
Refund Section  
222 Howlett Building  
Springfield, IL 62756

Please consider claim for  
refund of \$ \_\_\_\_\_

### Registrant

### Mail To

(If other than registrant)

Name	
Street	
City	State
ZIP Code	

Name	
Street	
City	State
ZIP Code	

20 \_\_\_\_ License Plates

License Plate Number \_\_\_\_\_

### REASON FOR REQUEST

**CANCELLATION**  
(No partial refunds. Return sticker and plates, if applicable; Must have previous year registration in same name.)

**EXCESS FEE**  
(Submit photocopy of registration card along with photocopy of front and back of cancelled check.)

**DUPLICATE**  
(Return sticker and plates, if applicable, along with photocopy of registration card being used on vehicle.)

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_