

REQUEST FOR REFUND

MAKE

MODEL

YEAR

BODY

VIN

DATE _____

I (WE), THE UNDERSIGNED, REQUEST THAT THE OFFICE OF MOTOR VEHICLES OF THE LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS REFUND THE OVERPAYMENT OF SALES TAX AND/OR FEES AND ASSIGNS ALL RIGHTS TO SAID REFUND ON THE ABOVE-CAPTIONED VEHICLE TO:

(Name)

(Address)

(City)

(State)

(ZIP)

WHO HAS PAID ALL TAXES AND/OR FEES ON MY BEHALF.

CUSTOMER SIGNATURE

DEALER'S SIGNATURE

CUSTOMER'S PRINTED NAME

DEALER'S PRINTED NAME

WITNESS # 1

WITNESS # 2

WITNESS' PRINTED NAME

WITNESS'S PRINTED NAME

AFFIDAVIT BY WITNESS

BEFORE ME, NOTARY, THE UNDERSIGNED, AFTER BEING DULY SWORN, DID DEPOSE AND SAY THAT HE/SHE IS A WITNESS TO THIS DOCUMENT AND THAT THE SIGNATURES OF THE CUSTOMER AND DEALER REPRESENTATIVE THERETO ARE TRUE AND GENUINE AND AFFIXED HERETO OF THEIR OWN FREE WILL IN THE PRESENCE OF WITNESSES WHOSE NAMES ARE AFFIXED THERETO.

NOTARY PUBLIC _____ DATE _____ WITNESS _____

PRINTED NAME

NOTARY PUBLIC PRINTED NAME AND ID NUMBER OR NOTARY STAMP.