



SECRETARY OF STATE
Consideration for Refund

This space for use by Secretary of State
Accounting Revenue only.

FILE # _____

Secretary of State

Department of Accounting Revenue
Refund Section
222 Howlett Bldg.
Springfield, IL 62756
217-782-4908 (FAX) 217-557-4552

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

Any requests under \$5 will not be refunded per 15 ILCS 405 of the State Comptroller Act.

www.ilsos.gov

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	

Reason for Request:

- Cancellation:** Return vehicle registration sticker and sworn statement. License Plate # _____
(Must have previous year registration in same name. No partial or prorated refunds.)
- Duplicate:** Return vehicle registration sticker with photocopy of registration card being used on vehicle.
License Plate # _____
- Excess Fee:** Submit photocopy of vehicle registration card along with photocopy of front and back of canceled check.
- Benefit Access:** License Plate # _____ Control # _____ **(Issued by Secretary of State)**
- Driver's License #:** _____

Explanation: _____

Daytime Telephone #: _____ Signature _____