

STATE OF KANSAS

DIVISION OF VEHICLES
300 SW 29th STREET
PO Box 2505
TOPEKA, KS 66601-2505



DEPARTMENT OF REVENUE
PHONE: 785-368-8780
FAX: 844-854-0310
www.ksrevenue.org

GOVERNOR JEFF COLYER, M.D.
SAMUEL M. WILLIAMS, SECRETARY

STATE PROCESSED VEHICLE REFUNDS
REFUND OF TRUCK REGISTRATION OF 16M OR MORE, &/OR
REFUND OF 5-YEAR TRAILER REGISTRATION OF 12M OR MORE

OWNER INFORMATION PLEASE TYPE OR PRINT

Driver License No.	Registered Owner's Name	Phone Number	Social Security # or FEIN
Mailing Address for Refund		City	State
		ZIP	KS

VEHICLE INFORMATION

Year	Make	VIN
Registration Year	License Plate Number	Declared/Gross Weight

REASON FOR REFUND (Check applicable box.)

Vehicle was: Sold Repossessed Owner Deceased: Date _____

Vehicle Ownership was Transferred on: Month _____ Day _____ Year _____

Name of Purchaser/Buyer
or Repossessing Lien Claimant: _____

Address	City	State	ZIP
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SURRENDER LICENSE PLATE TO COUNTY'S MOTOR VEHICLE OFFICE Completed by County Treasurer's Motor Vehicle Office

The license plate must be surrendered to the county motor vehicle office in the county the truck or trailer was registered.

The license plate listed above
has been received by the county: Yes No Initials of Co. Associate: _____ Date _____

OWNER'S CERTIFICATION

I, the undersigned, owner of the above referenced vehicle, hereby make application for refund of balance of vehicle registration fee. Acknowledgement is made that, I have not replaced the vehicle referenced herein, therefore I must relinquish the vehicle's registration plate assigned to the referenced vehicle and forfeit the right to register another vehicle under this registration number.

I hereby swear and affirm that the above information is true and correct. I am aware the K.S.A. 8-177 makes swearing to a false statement a misdemeanor and upon conviction shall be punished by a fine not to exceed \$500.

Owner's Signature _____	Hand Printed Name _____	Date _____
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MAILING INSTRUCTIONS

Mail the completed form and supporting documents to:

Kansas Department of Revenue Division of Vehicles, Vehicle Services Attn: Teresa Akin 300 SW 29 th Street, P.O. Box 2505 Topeka, KS 66601-2505	Email: KDOR_VehiclesRefunds@KS.Gov Phone: 785-368-8780 Fax: 1-844-854-0310
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