

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:

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

CUSTOMER _____

DEALER _____

WITNESS #1

WITNESS #2

WITNESS #1 PRINTED NAME

WITNESS #2 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