



Citation Refund Request Form

Please send this fully completed form along with proof of payment* to:

SFMTA – Revenue Accounting Unit
Attn: Citation Payment Refund Team
11 South Van Ness Avenue
San Francisco, CA 94103
Email: accounting@sfmta.com

Citation(s) _____

Vehicle License Plate # _____ Vehicle Registered Owner _____

Vehicle Registered Address _____

Claimant Name (if different from registered owner) _____

Phone _____ Email _____

Check mailing address (if different than Registration address) _____

Check payable to (if different from vehicle owner) _____

Details: _____

I declare under penalty of perjury that I am entitled to the above-requested refund and agree that I will immediately refund SFMTA on demand should it be later found that I am NOT entitled to refund(s) I received.

Claimant Signature

Date

*Acceptable Proofs of Payment include: a copy of bank cleared check, or money order (include front & back), or credit card payment receipt, or cash register receipt, or internet payment confirmation, or telephone payment confirmation number, or bank auto-pay confirmation and relevant bank account statement, or copy of DMV payment receipt clearly identifies the specific citation number.

Please note - any refund request with incomplete information or without attaching Proof of Payment will not be processed.

FOR OFFICE USE ONLY

Acknowledged by SFMTA Manager - Name: _____ Unit _____

Date _____ Phone _____ Signature _____