

APPLICATION AND CLAIM FOR MOTOR VEHICLE TAX REFUND

North Dakota Department of Transportation, Motor Vehicle Division

SFN 2883 (04-2002)

Class

County

Account

To be Completed by Applicant

Name			Title No.
Address			VIN
City	State	Zip Code	Amount of Tax Remitted \$
			Corrected Tax Liability \$
			Amount of Refund \$
Was the motor vehicle purchased in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date tax was paid: _____			
Reason for Refund: _____			

I (We) certify that the enclosed bill, claim, account, or demand is just and true (including any accompanying schedules and statements); that the money claimed to be paid was actually paid and that no part of such bill, claim, account, or demand has been previously refunded.

DATE

X

X

APPROVAL

X

(Must be signed by all title owners)

X

Motor Vehicle Director As Agent for the Tax Commissioner of the
State of North Dakota.

DATE

Mail to:

Motor Vehicle Division
North Dakota Department of Transportation
608 East Boulevard
Bismarck, ND 58505-0780