



Department of Motor Vehicles

**BOND REFUND REQUEST**

Office of Administrative Adjudication/  
Traffic Violations Bureau

Please refund my \$40.00 Bond(s) for the following ticket(s):

Ticket Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hearing Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**MAIL TO:** New York State Department of Motor Vehicles  
6 Empire State Plaza, Room 424D  
Albany, NY 12228  
Attention: CASHIER UNIT

**SIGNATURE:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please allow 3 weeks for the refund.

