

Security Deposit Refund Request

We will begin the refund process of your security deposit upon receipt of this completed form. Please note that the refund cannot be processed by the department until one year has elapsed from the date the money was deposited. If all requirements for refunding are met, we will process your refund request. We will advise you in writing if for any reason we are not able to process the refund.

The following information is needed before we can return the deposit:

1. Full Name (print)_____
2. Current Mailing Address:_____
- City: _____State: _____ Zip Code: _____
3. The Financial responsibility case number:_____
4. The amount of the security deposit:_____
5. Deposit date:_____
6. Driver License or Florida Identification Card Number:_____
7. Depositor's
Signature:_____

Mail this form along with a copy of your Driver License or Identification Card to the office listed below. Please allow three (3) to four (4) weeks for processing.

Department of Highway Safety and Motor Vehicles
Bureau of Financial Responsibility
Neil Kirkman Building
2900 Apalachee Parkway, Room A212, MS 98
Tallahassee, Florida 32399-0585