

Kansas Department of Revenue  
**Driver Services Refund Request**

<i>Name</i>	<i>Date of Birth</i>	<i>License or ID #</i>	<i>Social Security #</i>

<i>Today's Date</i>	<i>Date of Transaction</i>	<i>Refund Amount</i>

<i>Mailing Address (Checks will be mailed here)</i>

<input type="checkbox"/> Overpayment <input type="checkbox"/> Payment was not needed <input type="checkbox"/> Other- please explain below

*Reason for Refund Request*

Please check this box if you paid using a card that is no longer valid, current, or accessible.  
*Your refund will be processed as a check.*

FEIN #  *Required for attorneys requesting the refund.*

Please submit a copy of your receipt and this form to Driver Services  
**Email:** KDOR\_DC@KS.GOV  
**Mail:** Driver Services  
PO BOX 12021  
Topeka, KS 66601-3021

**Agency Use Only**

<i>Date Approved</i>	<i>Amount Approved</i>	<i>Approving Authority</i>