



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.

