



REFUND REQUEST

Submitted by the recipient of the fine or by the offender (indicated by the owner)

(TO BE FILLED IN COMPLETELY IN CAPITAL LETTERS)

I, the undersigned:

Name

Surname

Born in

On

Municipality of residence

Province

Address

Street number

Social security number/ VAT number

Email address

Phone number

ASK FOR THE REFUND OF €

FOR FINE (FINE NUMBER)

FOR THE FOLLOWING REASON:

- I have paid both postal orders (A and B); copy of both payments attached;
- I have paid twice (by postal order or wire transfer); copy of payments attached;
- I have paid the wrong postal order; copy of payment attached;
- I have paid the wrong amount; copy of payment attached;
- I have made a payment for another recipient into your account; copy of payment attached;

By wire transfer in favour of (please indicate bank details for the refund):

Account holder

Bank

Branch / Number

IBAN (*)

(*) IBAN: wire transfers to foreign banks/institutions are subject to fees that vary according to the country of destination.

I declare that I was informed, pursuant to *LEGISLATIVE DECREE No. 196 of 30.06.2003*, that collected personal data will be processed with computer systems as part of the procedure for which this declaration is made.

Date and place

Signature

**It is mandatory to join the copy of the double-sided ID of the recipient of the fine.
Incomplete requests will not be processed.**

How to send the request:

- to the email address info@trafficlimes.it

- per registered letter with acknowledgement of receipt to the following address: Polizia Locale della Città di Porto San Giorgio Viale Della Vittoria n. 162 - 63822 Porto San Giorgio (FM)

Information on the processing of personal data can be found at this link:

<https://www.comune.portosangiorgio.fm.it/it/note-legali-privacy/>