



Città di Porto San Giorgio
Servizio Autonomo di Polizia Locale

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@trafficfines.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/>