Form MV-33 (rev 03-201)	3)																							
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Georgia l	Эера	rtmen	ıt of	Rev	/enu	ıe (DO	R) T	itle	Ad	Val	ore	em ⁻	Гах	(TA	VT) R	efur	nd F	Requ	uest	t		
Instructions: Submit to	his for	m and a	сору	of yo	ur red	ceipt	to y	our lo	cal C	ount	/ Tag	Off	ice, o	r ma	il the	form	n and	d a co	py of	your	rece	ipt to	said	
address. Reason for Refun	d Poo	wost																						
Reason for Refuli	u Keq	luesi																						
				eived from Immediate Family aber (Provide MV-16) Other:													_							
Vehicle Owner Inf	ormat	tion																						
Full, Legal Name of F	erson	/Busine	ss Re	eque	sting	Refu	ınd																	
Building Number	•	•	•	Stre	et N	ame	•	•		•			•	•	•	•		•	•	•	•	•		
Apt. No. (If applicable	e)`	<u> </u>		Cou	unty	I								I	1	1	ı	l		1	1	ı		
City	I	<u> </u>			ı	ı		1						ı	1	Sta	te		Zip	Zip Code				
Driver's License No.	1	II.	ı		Cus	tom	er ID	No. (lf Di	iffere	nt fr	om [rive	r's L	_icen	se Ni	ımbe	er)	I					
EIN (Employer ID# if	busine	ess)		1	<u> </u>	1	1		1					1	<u> </u>	1	<u>I</u>		1	_				
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Vehicle Information																								
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VIN	1		ı	1	1	ı	1		1	1			Tag	Num	ber	1	1				7			
NOTE: Your refund wi address prior to or up about your eligibility fo	on sub	mitting t																						
Certification																								

Certification			
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented that the information included in all supporting documentation is true and accurate. I make this certification and a of perjury and I understand that knowingly making a false statement or representation on this form is a criminal	affirmation u	,	
	1	1	

Printed Name & Title if Refund Request for a Business

Date

Signature of Owner