

## State of Utah

## DEPARTMENT OF PUBLIC SAFETY DRIVER LICENSE DIVISION

Chris Caras Director

Jess L. Anderson Commissioner PO BOX 144501 Salt Lake City, Utah 84114-4501 Office: 801.965.4437 – Fax: 801.965.4844

## **Hearing Request Form**

I would like to request a hearing for no insurance impound fee refund.

Date:	
Full Name:	Driver License Number:
Phone Number:	Email Address:
Address:	City, State, Zip Code:
	, , ,
Date of Impound:	City and County Where Impound Occurred:
· · · · · ·	, , ,
Make and Model of Vehicle:	Registered Owner:
Vin Number of Vehicle:	Plate Number of Vehicle:
Insurance Company:	Insurance Policy Number:
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When completed please email, fax or mail form to: <a href="mailto:ifrhearings@utah.gov">ifrhearings@utah.gov</a>
801.965.4844
Financial Responsibility
PO Box 144501
Salt Lake City, UT 84114-4501