

Submit completed form to:

Illinois Secretary of State Driver Services Department Safety Responsibility Section 2701 S. Dirksen Pkwy. Springfield, IL 62723

Affidavit for Refund of Security Deposited or Termination of Surety Bond in Accordance with Section 7-214, Illinois Safety Responsibility Law

Crash Number:		
Driver's License Number:		
(I/We),		, being duly sworn, depose:
1. (I/We) reside at	, in the town/city of,	
	, State of, ZIP Code	
2. On , (I/we) (was	s/were) involved in a crash in or near me subject to the Illinois Safety Responsibility Law	
	cicense suspension date, and no suit for claims for coor does any judgment rendered remain unsatisfied. Sign on applicable line. Signature of Notary Public or witnessed by some	nust be signed in front of a
	Signature of Operator Signature of Owner	
Subscribed and sworn to before me this	day of	, 20
Name of Notary Public		
Title of Notary Public		
My commission expires		