



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
ROAD TOLL BUREAU**

33 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603) 271-2302 x3
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WWW.NH.GOV/DIVISIONS/ADMINISTRATION/ROADTOLL

**ROAD TOLL REFUND APPLICATION
NEW HAMPSHIRE POLITICAL SUBDIVISIONS
AND UNITED STATES GOV'T ARMED FORCES ONLY**

GASOLINE ONLY

FOR OFFICIAL USE ONLY:

CLAIM NUMBER	
Class # 22	Period
APPROVED	DISALLOWED
Gals	Gals
\$	\$
By	Reason
Date	

NH POLITICAL SUBDIVISION OR BRANCH OF THE US GOV'T ARMED FORCES

DEPARTMENT

STREET OR P.O. BOX ADDRESS

CITY/TOWN

STATE

ZIP CODE

PREPARED BY

EMAIL

TELEPHONE NUMBER (& ext.)

This is to certify that the above has purchased gasoline upon which the road toll has been paid and the gasoline purchased was subsequently used in motor vehicles owned by the applicant, in accordance with RSA 260:47.

Period of _____ through _____ Year _____

**APPLICANT'S CLAIM
MINIMUM REFUND IS TEN DOLLARS (\$10.00)**

1. Total gallons Purchased, per attached invoices:	Gals.
2. Total gallons consumed:	Gals.
3. Amount of refund: (Line 2 x \$0.222)	\$

All NH Government Agencies, Political Subdivisions thereof, and United States Government Armed Forces only:

Invoices bearing the **Name and Address of the Supplier** and the **Name of the Applicant** together with **Evidence of Payment** shall be attached. Each invoice shall have the gallons, price per gallon, type of fuel, and full date.

Evidence of payment: Each invoice must be receipted by the supplier as being paid, or if payment is made by check, the date of payment and check number must be supplied.

The gasoline fuel must actually be used and the refund applied for; **Per RSA 260:47:**

(i) **"Annually, no later than April 15 following the end of the calendar year**, or (ii) If, at the close of the quarter of the calendar year at least \$750 is payable in aggregate under these provisions to such person with respect to fuel used during the calendar year, an application may be filed under this subparagraph no later than the close of the subsequent quarter."

Per Saf-C 310.01 Refunds – General.

(e) Any evidence of erasures or other changes in the name of purchaser, supplier, type of fuel, date or the amounts shown on the invoices shall cause the portion of the requested refund which is dependent upon the documentation to be denied.

PRINT NAME:	DATE:
SIGNATURE:	TITLE:

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.