



Gary Herbert  
Governor

Keith D. Squires  
Commissioner

# State of Utah

DEPARTMENT OF PUBLIC SAFETY  
DRIVER LICENSE DIVISION

Chris Caras  
Director

PO BOX 144501  
Salt Lake City, Utah 84114-4501  
Office: 801.965.4437 – Fax: 801.964.4499

## 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:

When completed please email, fax or mail form to:

[ifrhearings@utah.gov](mailto:ifrhearings@utah.gov)

801.965.4844

Financial Responsibility

PO Box 144501

Salt Lake City, UT 84114-4501