

Level III Book Deposit Refund Request

I do hereby request a refund for my "Book Deposit" which was paid to TMCEC:

Date of check submitted: _____ Check # submitted: _____

Amount of Check submitted: \$ _____

Refund Information

Name of Borrower: _____

Primary City Represented: _____

Payee's Full Mailing Address: _____

Telephone: _____ Email: _____

Position:

☐ Judge ☐ Court Administrator ☐ Court Clerk ☐ Prosecutor ☐ Bailiff/Warrant Officer
☐ Other: _____

Mail completed form to:

TMCEC

2210 Hancock Dr.

Austin, TX 78756

Email: lily@tmcec.com

Fax: (512) 435-6118

For TMCEC Use

For use by TMCEC

I have reviewed the payment records and request the following refund check be cut and remitted as requested above:

Amount: \$ _____ TMCEC refund check #: _____

Notes:

TMCEC Staff Signature

Printed Name

Date