

TEXAS DEPARTMENT OF PUBLIC SAFETY DRIVER IMPROVEMENT & COMPLIANCE BUREAU PO BOX 4087 AUSTIN, TX 78773-0001	DLNUMBER/CASE NO. <u>DLNumber/CaseNo</u> VOUCHER NO. _____ WARRANT NO. _____ MAILED _____ TAXPAYER'S OR SOCIAL SECURITY NO. _____
APPLICATION FOR DISPOSITION OR SECURITY DEPOSITED UNDER SAFETY RESPONSIBILITY ACT	

The undersigned Depositer being first duly sworn deposes and says:

That he/she or a motor vehicle owned by him/her was involved in a motor vehicle accident on Accidentdate, at Place Of Acc. Texas and has on deposit with the State of Texas, security for any liability arising from such accident a balance of \$Sec Bal.

The affiant further states that a settlement has been agreed upon between said affiant and any and all parties said to have been injured, financially or otherwise, as a result of the above described accident. As evidence of the existence of said agreement, this instrument is supported by releases properly signed and attested by all persons heretofore described. Said releases are hereby made a part of this instrument and the absence of said releases would by virtue of their absence render this instrument void and of no value.

The Department of Public Safety, State of Texas, is respectfully requested to disburse said deposited funds subject to the above conditions and in accordance with the following instructions:

Name _____
Address _____
Taxpayer's or Social Security No. _____ \$ _____

Name _____
Address _____
Taxpayer's or Social Security No. _____ \$ _____

Balance to be returned to the depositor:
Taxpayer's or Social Security No. _____ \$ _____

Total: (Must total amount of deposit) \$ _____

Signed _____
Mailing _____
Address _____

Subscribed and sworn to me before this _____ day of _____, 20 _____.

Notary Public in and for _____
County, Texas