Oregon Department of Transportation

FUELS TAX GROUP
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SALEM, OR 97301-2530
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OUTSIDE SALEM: (888) 753-2525
FAX: (503) 378-3060
www.oregon.gov/odot/cs/ftg

MOTOR FUELS TAX REFUND

LETTER OF RELEASE

I (We)_____ do hereby transfer and assign to _____ all of my (our) right, title and interest in and to the invoice(s), as described below, which has (have) been issued in my (our) name(s), and embodied in the claim for refund of the Oregon Motor Vehicle Fuels Tax, filed in the name of

_____

Signed and dated at _____Oregon,

This_____20____.

(Purchaser sign here):_____

(Authorized agent for a firm or partnership, sign here):_____

Description of Invoices

Purchaser	Seller	Location	Invoice #	Date	Gallons

Form 735-1209 (3/08)