Division of Assessment, Recording & Taxation

Multnomah County

Refund Request

Property ID #: _____ Date of Request: _____ /_____ /_____

Situs Address of Property: _____

Reason that payment was made in error:

_____

_____

_____

Name and address of paying party: _____

_____

_____

Name and mailing address to whom the refund should be sent:

_____

_____

_____

Request Submitted By:

Name: _____

Contact Phone: _____

Contact Email: _____

Is there a mortgage on this property? _____ (Y / N)

If yes, please complete the following:

Mortgage Company Name: _____

Contact Person: _____

Phone #: _____

Email: _____

OFFICE USE ONLY

Date processed: _____ By: _____

Refund Batch: _____ Check #: _____

Comment:

_____

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