

Division of Assessment, Recording & Taxation
Tax Accounting



Refund Request

Property ID #: _____

Date of Request: ____ / ____ / ____

Property Address or Map & Tax Lot: _____

Reason that payment was made in error:

Name and address of paying party:

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

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

If yes, please complete the following:

Mortgage Company Name: _____

Request Submitted By:

Name: _____

Contact Phone: _____

Contact Email: _____

X _____

Signature of requestor (If submitting by mail or in person)

****All sections are required****