

REQUEST FOR REFUND OF TAX/SEWER CHARGES PAID IN ERROR

Parcel number: _____
Property description: _____
Registered owner: I, _____

_____ of _____
(NAME) (ADDRESS)

Do hereby request that County Council refund tax/sewer charges for the above referenced property paid by

_____ of _____

Paid on what date: _____

Amount of refund: _____

For what tax year: _____

Social security number / Taxpayer identification number: _____

Day-time phone number: _____

These property tax/sewer charges were paid in error because

and such a refund as shown above is justly due and owing, and no part thereof has been previously refunded.

(SIGN) _____

Today's Date:

Your email address:

REVIEWED BY: _____

APPROVED BY: _____

This form must be completed, signed and returned to New Castle County's Treasury Division either by postal mail, fax, or email (a completed scanned copy with signature).

New Castle County Government Center
Office of Finance – Treasury
87 Reads Way
New Castle, DE 19720

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treasury@nccde.org