



7887 East 60th Avenue
 Commerce City, Colorado 80022
 (303) 289-3628 Phone
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www.c3gov.com

FOR OFFICE USE ONLY
 Date Needed: / /
 Charge Acct #: 010-00-000-445-009
Payment Instructions:
 Return check to: _____
 Mail check:
Return paperwork to Joy
 Logos vendor #: _____

Tax Division

Claim for Refund

(Please Type or Print Clearly)

1. Account Number: _____
(Account or Building Permit Number for which refund is claimed)
2. Name of Claimant: _____
3. Mailing Address: _____
4. City: _____ State: _____ Zip: _____
5. Contact Name: _____ Phone Number: _____

The undersigned certifies that this statement is made on behalf of himself or the taxpayer named, that the fact given below are true and complete, and avers that the claim should be allowed for the reasons stated below.

- A. Dates of Payment: _____
- B. Amount of Tax Paid: \$ _____
- C. Correct Amount of Tax Liability: \$ _____
- D. Amount to be Refunded: \$ _____
- E. Reasons for Claim (Required): _____

Claim for refund of a specific tax must be made within the time limits and be supported by the required documents all in accord with the provisions of the particular ordinance relating to such tax.

 Signature of Claimant

 Date

 Name of Firm

CITY USE ONLY

I certify that I have made an examination of the claim and facts submitted and recommend that the amount indicated herein be refunded.

Amount Claimed: \$ _____ Amount of Claim Rejected: \$ _____

Examined By: _____ Total Refund Allowed: \$ _____

I hereby authorize the refund of \$ _____ as recommended in the report of the examining officer.

 Signature

 Date

 Finance Director
 Title