CITY OF NORTHPORT
REVENUE DIVISION

Our Mission: *To Provide Efficient and Effective Services; To Develop a Sense of Community; To Enhance the Quality of Life.*

PETITION FOR TAX REFUND

The undersigned hereby makes application for refund of $ _____, _____ dollars, _____tax paid by said undersigned to the City of Northport for the period(s) _____, which amount was erroneously paid, paid in excess of the amount due, or was paid through mistake of fact or law.

Notarized Signatures: Petition must bear the notarized signature of the seller (owner, partner, or member of the corporation). This form **must** bear the notary seal.

_____ Company Name (Seller)

_____ Taxpayer Number

_____ Mailing Address

_____ Telephone Number

_____ City, State, Zip Code

Sworn to and subscribed before me this _____day of 20_____.

_____ Petitioner's Name & Title

_____ Petitioner's Signature

_____ Notary's Signature

Tax Officer's Comments & Approval _____

_____

_____

_____

Refund Approved: _____ (City Administrator) _____ (Date)

Refund Denied: _____ (City Administrator) _____ (Date)

POST OFFICE BOX 569 • NORTHPORT, ALABAMA 35476 • PHONE (205) 339-7000 • FAX (205) 333-3046