City of Northport, Alabama
Petition for Refund

Complete and mail form to:

City of Northport
Finance Department – Revenue Division
P.O. Box 569
Northport, Alabama 35476

Phone (205) 339-7000

FOR OFFICE USE ONLY
DATE RECEIVED & BY:

Pay $ _____
Date Approved ____ /____ /____

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.

Explain in detail the reasons for refund claim (attach additional pages if necessary):

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Petition	_____
Adjustment	_____
Interest	_____
Transfer	_____
Total Amt. To Be Refunded	_____

Your petition must be documented via invoices, receipts, etc. No refunds will be issued unless proper documentation is attached to provide a sufficient audit trail to verify refund is legally due.

FEIN Number: _____ Account # : _____

Petitioner's Legal Business Name _____

Trade Name (DBA) _____ Phone _____

Mailing Address _____
STREET CITY STATE ZIP

_____ _____ _____
Petitioner's Signature **Petitioner's Title** **Date**

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Auditor's Comments _____

_____

_____ _____
Auditor's Signature **City Administrator's Signature**