



FINANCIAL SERVICES

ASSESSMENT AND TAXATION BRANCH

7th Floor, CHANCERY HALL
3 SIR WINSTON CHURCHILL SQUARE
EDMONTON, AB T5J 2C3
FAX: 780-496-8896
PHONE: 311 or 780-442-5311 if outside of Edmonton

REFUND REQUEST

I HEREBY REQUEST A REFUND OF THE OVERPAYMENT OF TAXES ON THE FOLLOWING TAX ACCOUNT(S):

TAX ACCOUNT NUMBER(S):

OWNER(S) NAME(S):
(Please print)

MAILING ADDRESS:
(If different from Property/Premise Address)

DAYTIME PHONE NUMBER:

AUTHORIZED REPRESENTATIVE:
(If owner is a corporation) Name (Please Print)

IS A SALE PENDING FOR THIS PROPERTY/BUSINESS YES NO

PLEASE NOTE:

TO AVOID DELAYS IN PROCESSING, PLEASE INCLUDE A COMPLETED 'CHANGE OF MAILING ADDRESS REQUEST' FORM, IF THE MAILING ADDRESS PROVIDED ABOVE IS DIFFERENT THAN THE MAILING ADDRESS ON FILE.

REFUND REQUESTS WILL ONLY BE HONOURED WHEN SIGNED BY THE REGISTERED PROPERTY OR BUSINESS OWNER ON RECORD (OR AUTHORIZED REPRESENTATIVE) ON THE DATE THE REFUND REQUEST IS PROCESSED.

OWNER / AUTHORIZED SIGNATURE

OWNER / AUTHORIZED SIGNATURE

DATE

DATE

Personal information on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act, RSA 2000, c.F-25, s.33 and is protected by the privacy provisions of the Act. If you have any questions about the collection and use of this information, please contact 3-1-1; or (780) 442-5311 if outside of Edmonton

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO THE ADDRESS INDICATED ABOVE