

## 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**