



CITY OF BETHEL

CITY FINANCE OFFICE

Phone: 907-543-1385

FAX: 907-543-2936

REFUND REQUEST – REAL ESTATE TAXES

Name: _____

Mailing Address: _____

Phone Number(s): _____

Home

Work

Cell

Property Address: _____

Date Taxes Paid: _____ Amount of Real Estate Taxes paid: _____

Paid by: Buyer Seller

Was a Title Company Used? Yes No

If yes, what title company was used? _____

I, _____ (Print name) certify, under penalty of perjury, that I paid real estate taxes on the above described property. I authorize the City of Bethel to contact the Title Company to verify the accuracy of my statement.

Payer

Payer 2

(If property purchased jointly)

Note: The following must be attached in order to be considered for a refund:

- Proof of Payment of Real Estate Taxes (For example: Executed contract, canceled check, closing documents, statement of closing costs)
- Copy of Valid Identification

Refunds may take 6-8 weeks

For Office Use Only

Identification of Claimant:

Type

Identification Number

Type

Identification Number

Date Claim Filed: _____

Payment of Sales Taxes Verified? Yes

No

Date Refund Issued: _____

Check Number: _____

Issued by: _____

If refund denied, state reason for denial:

Notes: