

City of Leeds

1040 Park Drive
Leeds, AL 35094
Phone: 205-699-2585
Fax: 205-699-6558

Tax Refund Request

Type of Tax: _____

Joint

Individual

Note: Separate requests are required for each type of tax.

The undersigned hereby makes application for refund of (\$_____)
_____ Dollars. Taxes paid by said
undersigned to the City of Leeds for the period(s) _____,
which amount was erroneously paid or 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):

Signatures: A joint petition must bear the signatures of both the seller and the consumer-purchaser. If a petitioner is an individual, the individual must sign. If a petitioner is a business organization (i.e corporation, partnership, LLC), an authorized representative must sign.

Petitioner's Name (Seller)

Petitioner's Name (Consumer-Purchaser)

Account Number

Telephone Number

Account Number

Telephone Number

Petitioner's Signature/Title

Petitioner's Signature/Title

Petitioner's Email Address

Petitioner's Email Address

Petitioner's Mailing Address

Petitioner's Mailing Address

City

State

Zip

City

State

Zip

Date Signed

Date Signed