

**APPLICATION FOR TAX REFUND** MUD # \_\_\_\_\_

In order to apply for a tax refund, a copy, front and back, of your cancelled check, a complete disbursement listing/voucher must be provided, along with the following information:

Name on tax roll: \_\_\_\_\_ Legal Description: \_\_\_\_\_  
Address: \_\_\_\_\_ Account Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mortgage Company and /or Tax Service: \_\_\_\_\_

Refund is to be made payable to: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Tax Year(s) of Refund Requested: \_\_\_\_\_ Amount of Refund: \_\_\_\_\_

Reason for Requesting Refund: \_\_\_\_\_ Overpayment \_\_\_\_\_ Duplicate payment

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"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct to the best of my knowledge and belief."

Any person who makes a false entry upon the foregoing record shall be subject to one of the following penalties: 1. Imprisonment of not more than 10 years nor less than 2 years and /or a fine of not more than \$5000 or both such fine and imprisonment; 2. Confinement in jail for a term up to 1 year or a fine not to exceed \$2,000 or both such fine and imprisonment as set forth in SECTION 37.10, PENAL CODE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of application for tax refund

Action by Board of Directors: Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Jeannie Manning  
Tax Assessor/Collector

**The refund requested has been determined to be the result of an excessive or erroneous payment**

\_\_\_\_\_  
Sandy Treon  
Accounting Mgr/Auditor

\_\_\_\_\_  
Jeannie Manning  
Tax Assessor/Collector