

**TOWN OF FALKVILLE
SALES AND USE TAX DIVISION**

PETITION FOR REFUND

Note: Separate Petitions Are Required For Each Type of Tax

MAIL TO:
TOWN OF FALKVILLE
P.O. BOX 434
DECATUR, ALABAMA 35602
PHONE: (256) 351-4619

FALKVILLE Account Number

Taxpayer's ID Number
(*Social Security or FEIN)

Taxpayer's Name

Phone Number

Address

City

State

Zip

The undersigned hereby makes application for refund in the amount of
\$ _____ for _____ (type of tax) tax paid to the TOWN
OF FALKVILLE for the period of _____ (Dates Covered) in which the
amount was either 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 sheets if necessary)

Signatures: *If a petitioner is an individual, the individual must sign. If a petitioner is a partnership, a partner must sign. If a petitioner is a corporation, an officer of the corporation must sign.*

Taxpayer or Representative's Signature
(*Representative must attach Power of Attorney)

Title

Date

FOR OFFICE USE ONLY: The facts set out in this petition and the records of this office justify a refund in the amount of:

PAY \$ _____ DATE _____