

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

**PETITION FOR REFUND**

*Note: Separate Petitions Are Required For Each Type of Tax*

MAIL TO:  
TOWN OF TRINITY  
P.O. BOX 302  
DECATUR, ALABAMA 35602  
PHONE: (256) 351-4619

TRINITY 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 TRINITY 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 \_\_\_\_\_