Refund Form

Business Name:	Account Number:
Address:	City/State/Zip:
Tax Period:	Credit/Refund Amount Requested:
Contact Name:	Title:
Phone Number:	Email Address:

State reason(s) for refund request: (attach info that supports your claim)

Submit all information and documentation that supports your claim with this claim form. Failure to provide required info will result in your claim being denied. In accordance with Bureau of Revenue Policy a credit memorandum will be issued if your payment history indicates that the credit can be used within 90 days. Please allow at least 60 days from the date your claim is approved to receive a refund check.

I certified under the provisions of perjury that the above information is true and correct to the best of my knowledge.

Signature: _____ Date:_____

For Office Use Only:

Recommendation:			
Disposition (Approved /Disapproved):	Amount Approved:	Disbursement Type (Credit Memo/Check)	Credit/ Check No.
Agent Signature Date		Manager Signature: Date:	

Authorization:

Collector of Revenue Date	Director Of Finance Date
City Attorney Date	Chief Administrative Officer Date

Mail To: City of New Orleans Department of Finance, Bureau of Revenue, Attention Enforcement Unit, 1300 Perdido St, Suite1W15, New Orleans, LA 70112