

**CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE / BUREAU OF REVENUE**

CLAIM

(TO BE FILED WITH THE OFFICE WHERE CHARGE WAS MADE OR TAX PAID)

- Refund of Taxes Illegally, Erroneously, or Excessively Collected
- Refund of Amount Paid For.....
- Cancellation of Charge For.....

Please Type or Print Plainly

Name of Claimant			
Number and Street		City and State	
Office to which Payment or Charge Made		Name and Address of Tax Bill, License or Return if different from above	
Period from	To	Kind of Tax or Charge	
Amount of Tax or Charge	Dates of Payment	Amount to be Refunded	Amount to be Cancelled
\$		\$	\$

The claimant believes that this claim should be allowed for the following reasons:



Use Reverse Side If Space is Insufficient

I believe under the penalties of perjury that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true and correct.

SIGNED _____

DATED _____

FOR OFFICE USE ONLY

Recommendation of office making charge or collection:

Payment Reference _____

Signed _____

Date _____

Title _____

APPROVED: _____

DISAPPROVED: _____

Director of Finance

Chief Administrative Officer

City Attorney