



Property Tax Refund Request

Roll Number: _____

Property Address: _____

Previous Property Owners': _____

New Mailing Address: _____

Closing Date: _____

The previous owner(s) of the above stated property address have requested a refund due to an overpayment on their property tax account.

In order to process this refund request the Municipality of Clarington requires **from you**, a copy of the Statement of Adjustments and the following section to be completed.

By signing below you confirm:

1. You were the lawyer that represented the above vendor in the recent sale of the above mentioned property address,
2. The Statement of Adjustments that was completed upon closing of the above address has not been changed or updated.

Law Office: _____

Signature: _____ Date: _____

Mail, fax or email completed forms using the contact information below:

Municipality of Clarington
Municipal Administrative Office
Attn: Tax Department
40 Temperance St.
Bowmanville ON L1C 3A6

Fax: 905-623-4169

Email: tax@clarington.net