

Refunds

To whom it may concern:			
Would you please issue a refund cheque in the amount of \$ This is regarding my property tax: Re: (Assessment reduction, overpayment, etc.)			
		(/ tooossment reduction, overp	aymont, oto.,
		Roll Number: Name: Address:	
Phone:			
As per By-Law 2023-044, there is a \$40 admini By signing this form, I/we hereby authorize the administration fee of \$40 from the requested re	Municipality of Clarington to deduct the fund amount.		
Signature:	Date:		
Mail cheque to the following address:	Pick up:		
Mail, fax or email completed forms using the o			
Municipality of Clarington			
Attn: Taxation Services 40 Temperance St			
Bowmanville ON L1C 3A6			
Fax: (905) 623-4169			