



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.)

Roll Number: _____

Name: _____

Address:

Phone: _____

Signature: _____ **Date:** _____

Mail cheque to the following address: _____ **Pick up:** _____

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

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

Fax: 905-623-4169
Email: tax@clarington.net