

REFUND REQUEST

SECTION A: Requestor

Name _____ Home # _____
Address _____ Work # _____
_____ Cell # _____
City _____ State _____ Zip Code _____
Email _____

SUBMIT WITH THIS FORM: Proof of payment consisting of front and back copies of canceled check(s) or a payment receipt from Sussex County Government. Approved refunds are issued within 30 days after the completed form and all documents are received and processed.

SECTION B: Refund Information (Property Information)

Bill Number _____ Parcel ID _____
Name on Account _____
Refund Amount _____

SECTION C: If refund is for Requestor, skip this section

Recipient or Organization Name _____
Address _____
City _____ State _____ Zip Code _____

Return the completed form, proof of payment, and the requested documents to:

Mail: Sussex County Treasury
Attention: Amanda M. Bennett or Fax: 302-854-5078
P.O. Box 429
Georgetown, DE 19947