## **APPLICATION FOR TAX REFUND**

**Collin County** 2300 Bloomdale Rd. Ste 2324 McKinney, TX 75071 (972) 547-5067



To apply for a tax refund th	ie taxpay	er must co	mplete the	following:			
Payer's Name:							
Owner's Name: (if different from payer)							
Payer's Mailing Address: (Number & Street or PO Box)							
City:							
State & ZIP Code:							
Address or Location of Prop	erty:						
Account Number of Propert	ty:						
Amount of Refund:							
Year of Refund:							
"I hereby apply for the refugiven is true and correct."	ınd of the	e above-de	escribed taxe	es and certi	fy that the	informatio	n I have
Signature:			Date of A	Application	for Tax Refu	und:	
Company: (if applicable)							
Print or Type Name of Person Signing Form:			Phone (a	irea code ai	nd number)	:	
If you make a false stateme misdemeanor or a state jai			<del>-</del>			Class A	
Refund to:							

(if different from payer)