

LOWER DAUPHIN SCHOOL DISTRICT

TAX REFUND REQUEST

YEAR(S) _____

OCCUPATION _____ PER CAPITA _____

TOTAL OF REQUEST \$ _____

I hereby petition the Lower Dauphin School District for a refund of school taxes paid in error. I understand and agree that any other debts owed the District will be offset against this claim for refund.

"A person who signs a false statement which he does not believe to be true with the intent to escape payment of taxes, is guilty of a misdemeanor under the Pennsylvania Crimes Code subjecting him to both fine and imprisonment (Pa. Criminal Code of 1972, No. 334, 18 CPSA 4904)."

I declare the facts set forth herein are true under penalty of perjury.

DATE _____ SIGNATURE _____

CURRENT DATA

FULL NAME _____ SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ TELEPHONE NUMBER _____

CITY AND STATE _____ D.O.B. _____ MALE/FEMALE _____

State the reason for which you claim a refund is due.

Have you attached proof of your payment of these taxes and proof you did not owe them?

Yes _____ No _____ (If no, your request will be returned.)

FOR SCHOOL DISTRICT USE ONLY

RECOMMENDATIONS

BUSINESS OFFICE:

SUPERINTENDENT:

Approve _____ Deny _____

Approve _____ Deny _____

(Date and Initial)

(Date and Initial)