

# LYCOMING COUNTY ASSESSMENT OFFICE

## COMMISSIONERS

SCOTT L. METZGER  
*Chairman*

MARC C. SORTMAN  
*Vice-Chairman*

MARK MUSSINA  
*Secretary*

Telephone: (570)327-2301



## Physical Location:

33 W. Third St, Williamsport PA 17701

## Mailing Address:

48 W. Third Street, Williamsport PA 17701

## ASSESSMENT

BROOKE E. WRIGHT, CPE  
*Chief Assessor*

LISA M. CAMPBELL, CPE  
*Deputy Chief Assessor*

Assessment@lyco.org

Fax: (570) 327-2309

## REQUEST FOR REFUND OF TAXES PAID

*PLEASE PRINT*

PARCEL # \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ PHONE (EVENING) \_\_\_\_\_

REASON FOR REFUND \_\_\_\_\_

IF CATASTROPHIC LOSS, DATE OF LOSS \_\_\_\_\_

REFUND REQUESTED FOR YEAR(S) \_\_\_\_\_

DATE TAXES PAID \_\_\_\_\_ AMOUNT \_\_\_\_\_

**\*\* A COPY OF PAID RECEIPTED TAX BILLS MUST ACCOMPANY THIS REQUEST \*\***

*I hereby declare that the above statements made by me in connection with this request are true and correct, to the best of my knowledge and belief. I understand that I may be asked to provide supporting documentation.*

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

\_\_\_ APPROVED      \_\_\_ DENIED      \_\_\_ FIELD VISIT REQUIRED

# MONTHS COUNTY \_\_\_\_\_ EFFECTIVE YEAR \_\_\_\_\_

# MONTHS SCHOOL \_\_\_\_\_ EFFECTIVE YEAR \_\_\_\_\_

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

# Requesting a Refund:

You may be eligible for a refund of County Real Estate taxes paid, due to a catastrophic loss or clerical error.

The enclosed request form must be completed and returned to the Assessment Office within **60 days** of the loss. All requests will be verified by the Assessment Office prior to approval.

All requests must be accompanied by documentation as to the loss, i.e. pictures, letter of condemnation, letter from insurance company. Your request may be denied if you do not provide sufficient documentation.

You must also provided paid, receipted copies of the tax bills for the year(s) in question. You may obtain receipts from your local tax collector. Cancelled checks will **not** be accepted as proof of payment.

This request is for County taxes only. You must also request a refund from the appropriate municipality and school district. A copy of this approved request will be forwarded to the appropriate township officials and school districts for their information only.

If you have any questions, please call the Assessment Office at 327-2301.

## *OFFICE USE ONLY*

Date Received \_\_\_\_\_

Documentation provided \_\_\_ yes \_\_\_ no

Date approved by Board \_\_\_\_\_

Date to Controller \_\_\_\_\_

Date check sent \_\_\_\_\_

Date sent to school \_\_\_\_\_

Municipality \_\_\_\_\_