

TAXPAYER REFUND REQUEST FORM

Fulton County Board of Commissioners 141 Pryor Street, SW, 10th Floor Atlanta, GA 30303

All taxes on the parcel in question must be paid in full prior to making a refund request. Refund requests must be made within one (1) year or, in the case of taxes, three (3) years after the date of the payment of the tax or license fee (Refer to O.C.G.A. 48-5-380). Please fully complete this form.

Taxpayer Name:	Phone Number:			
		Email:		
Parcel Information (Information on parce	l(s) to which refund is requested)			
Parcel ID#(s)	Overpayment Date(s):			
	Amount Overpayment(s) Was Due:			
	Amount of Overpa	yment:		
Physical Address of Parcel:		_		
Summary Statement (Please provide factu	ual or legal errors which have resulted in erro	neous or illegal taxation.)		
L Was the property appealed to any of the l	pelow County offices			
Boards of Equalization	Board of Tax Assessors	Other:		
Result:				
Taxpayer Signature:		Date:		

Please print and sign this document, and attach any additional information that you believe would be helpful to this Request Form, and submit by mail, email, or hand delivery to the Office of the Clerk to the Fulton County Board of Commissioners at the address listed below.

Request form shall be mailed to:
Fulton County Board of Commissioners
C/O Taxpayer Refund Request
141 Pryor Street, SW, 10th Floor
Atlanta, GA 30303
Clerk.Commissioners@fultoncountyga.gov