



City of Lakewood

CLAIM FOR REFUND

(Please Print or Type)

Department of Finance

480 S Allison Pkwy
Lakewood, CO 80226
303-987-7630

Business Name _____ License # _____

Owner/Manager _____

Business Address _____
Street State State/Zip

Mailing Address _____
Street State State/Zip

Phone # _____ Contact Person _____

Tax Period From _____ To _____ Dates Paid _____

Amount of tax paid _____

Correct amount of tax liability _____

Amount to be refunded _____

Reason for claim (Supporting documents must be attached)

Three horizontal lines for providing the reason for claim.

I declare, under the penalties of perjury, that this claim (including any accompanying schedules and statements) has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return made in good faith, for the purposes stated, pursuant to the ordinances of Lakewood and the regulations issued under authority thereof.

Signature of taxpayer _____

Date _____

FOR INTERNAL USE ONLY

Refund amount denied _____ Type of tax/fee refunded _____

Refund amount granted _____

Reason for actions taken

Three horizontal lines for providing the reason for actions taken.

I hereby approve/deny the refund of _____, on check # _____ dated ___/___/___ and mailed on ___/___/___.

Revenue Manager _____