Administrative Office Building 2 The Circle PO Box 601 Georgetown, DE 19947



Phone: (302) 855-7871 Fax: (302) 854-5078 sussexcountyde.gov

Sussex County Treasury

TAX REFUND REQUEST

SECTION A:	Requestor				
Name:			Home #:		
Address:			Work #:		
				Cell #:	
City:			State:	ZIP:	
Email:					
check(· · · · · · · · · · · · · · · · · · ·	ussex County Go	vernmen	t and back copies of canceled at. Approved refunds are issued eceived and processed.	
SECTION B:	Refund Information (Prope	erty Information	n)		
Bill Number:		Parcel ID:			
Name on Acco	ount:				
Refund Amour	nt:				
SECTION C: If refund is for Requestor, skip this section					
Recipient or Organization N	Name:				
Address:					
City:			State:	ZIP:	
Return the completed form, proof of payment, and the requested documents to:					
Mail:	Sussex County Treasury Attention: Krystle Vogel PO Box 601 Georgetown, DE 19947	OR	Fax:	(302) 854-5078	