



BOROUGH OF AVALON

3100 Dune Drive

Avalon, New Jersey 08202

Application for Refund of Overpayment

Property Location _____

Block/Lot/Qualifier _____

Contact Information Phone: _____ Email: _____

Amount of Over Payment \$ _____

Type of Account ☐ Tax Account

☐ Water/Sewer Account

1. Name of Person(s) applying for Refund _____

2. Are you the current owner of the property?

☐

YES

☐

NO

* If not, what is the relationship to the property _____

*If not , When Did you sell the Property?

Sell Date: _____

*Name & Phone # of Settlement Company

Settlement Company Information:

3. Who made the payment which caused the overpayment?

4. Reason for requesting this refund

YOU MUST ATTACH PROOF OF PAYMENT FOR THE AMOUNT OF OVERPAYMENT. NO REQUEST FOR REFUND WILL BE CONSIDERED WITHOUT PROPER DOCUMENTATION.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false I am subject to punishment. The foregoing statements are made with the understanding and intention that they be relied upon by the Borough of Avalon for the purpose of determining whether I am entitled to any refund due to overpayment of Real Estate Taxes or Water & Sewer bills.

Signature

Date

Return form to: (Mail) Borough of Avalon, 3100 Dune Drive, Avalon, NJ 08202 or (Email) avalontaxoffice@avalonboro.org

FOR BOROUGH USE ONLY:

Approved by Tax Collector: _____

Date: _____

Approved by CFO: _____

Date: _____

Approved by Administrator: _____

Date: _____