



## APPLICATION FOR REFUND

Please complete and sign this Application with tax receipt copies.  
Attach and return to:

### **CUYAHOGA COUNTY FISCAL DEPARTMENT**

2079 E. 9<sup>th</sup> Street Rm. 2-219  
Cleveland, OH 44115

### **TAX ASSESSMENT UNIT**

Phone: 216-443-7010  
Email: [Realproperty@cuyahogacounty.us](mailto:Realproperty@cuyahogacounty.us)

I, \_\_\_\_\_, Owner of Permanent Parcel # \_\_\_\_\_

Hereby submit application for the refund arising from the decision granted by the Board of Revision / Appraisal on the tax year(s) \_\_\_\_\_ Real Estate Taxes. (Attach copy of tax receipts or cancelled checks for the 1<sup>st</sup> and 2<sup>nd</sup> half taxes to this Application).

I hereby accept the decision of the Board of Revision / Appraisal and waive any right of appeal in this matter.

The taxes on the value complained were paid by:  
[List Owner(s)]:

In consideration of the refund given, the claimant does hereby hold the Office of the Cuyahoga County Fiscal Office free of all claims and disputes. The claimant also agrees to assume all responsibility for all future claims made against the Cuyahoga Fiscal Officer by other parties resulting from this refund.

Please Mail Refund To:

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Contact Phone Number \_\_\_\_\_