



APPLICATION FOR REFUND

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

CUYAHOGA COUNTY FISCAL DEPARTMENT

2079 East Ninth Street Rm. 3-128
Cleveland, OH 44115

TAX ASSESSMENT UNIT

Phone: 216-443-7420, Option 5
Email: Realproperty@cuyahogacounty.gov

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 1st and 2nd 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 _____