

STAFF USE ONLY

Permit No.: _____ Date Received: _____ Initials: _____



TOWN OF HOCHATOWN REFUND REQUEST

(TO BE COMPLETED BY REQUESTER)

OWNER NAME: _____ **CABIN NAME:** _____

OPERATOR/MANAGEMENT CO. NAME: _____

SHORT-TERM RENTAL LICENSE/REGISTRATION NO.: _____

PROPERTY ADDRESS: _____

PHONE: _____

CODE OF ORDINANCE TITLE 3 CHAPTER 3 SECTION 16

3-3-16: REFUNDS. A. The Treasurer shall refund or credit any tax erroneously, illegally or unconstitutionally collected if written application to the Treasurer for such refund shall be made within Ninety (90) days from the date of payment thereof. For like causes, and in the same period, a refund may be so made upon the initiative and the order of the Treasurer. Whenever a refund is made, the reasons therefor shall be stated in writing. Such application may also be made by the Occupant upon whom such tax was imposed and who has actually paid the tax, provided that the application is made within ninety (90) days of the payment of the Occupant to the Operator, but no refund of money shall be made to the Operator until he has repaid to the Occupant the amount for which the application for refund is made. The Treasurer in lieu of any refund required to be made, may allow credit thereof on payment due from the applicant.

B. Upon application for a refund, the Treasurer may receive evidence with respect thereto, and make such investigation as he deems necessary. After making a determination as to the refund, the Treasurer shall give notice thereof to the applicant. Such determination shall be final unless the applicant, within thirty (30) days after such notice, shall apply in writing to the Board of Trustees or its designee for a hearing. After such hearing, the Board of Trustees or its designee, shall give written notice of the decision to the applicant.

TYPE OF REFUND:	TAX PERIOD:	TOTAL AMOUNT REQUESTED:
<input type="checkbox"/> Lodging Tax	<input type="checkbox"/> _____ (Month)	<input type="checkbox"/> \$ _____
<input type="checkbox"/> STR License	<input type="checkbox"/> _____ (Year)	

EXPLANATION OF REFUND REQUEST:

ATTACHED SUPPORTING DOCUMENTATION (Please Check All That Apply):

- | | |
|--|--|
| <input type="checkbox"/> Email Confirmation(s) | <input type="checkbox"/> Remitted Tax Form |
| <input type="checkbox"/> Receipt(s) | <input type="checkbox"/> Refund Rental Guest |
| <input type="checkbox"/> Bank Record(s) | |

REQUESTER'S NAME : _____ **SIGNATURE:** _____

DATE: ____/____/____