LYCOMING COUNTY ASSESSMENT OFFICE

COMMISSIONERS

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Chairperson

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www.lyco.org
Assessment @lyco.org

48 West Third Street
Williamsport PA 17701

ASSESSMENT

GENE PORTERFIELD
Director of Assessments

CASSANDRA M. TOMPKINS, CPE
Acting Chief Assessor

BROOKE E. WRIGHT, CPE
Acting Deputy Chief Assessor

Telephone: (570)327-2301
Fax: (570) 327-2309

REQUEST FOR REFUND OF TAXES PAID

PLEASE PRINT

PARCEL # _____ DATE _____

NAME _____

ADDRESS _____

CITY STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVENING) _____

REASON FOR REFUND _____

_____

IF CATASTROPHIC LOSS, DATE OF LOSS _____

REFUND REQUESTED FOR YEAR(S) _____

DATE TAXES PAID _____ AMOUNT _____

**** A COPY OF PAID RECEIPTED TAX BILLS MUST ACCOMPANY THIS REQUEST ****

I hereby declare that the above statements made by me in connection with this request are true and correct, to the best of my knowledge and belief. I understand that I may be asked to provide supporting documentation.

_____ _____
Owner Signature Date

OFFICE USE ONLY

___ APPROVED ___ DENIED ___ FIELD VISIT REQUIRED

MONTHS COUNTY _____ EFFECTIVE YEAR _____

MONTHS SCHOOL _____ EFFECTIVE YEAR _____

_____ _____
Authorized signature Date

Requesting a Refund:

You may be eligible for a refund of County Real Estate taxes paid, due to a catastrophic loss or the demolition of a building.

The enclosed request form must be completed and returned to the Assessment Office within **60 days** of the loss. All requests will be verified by the Assessment Office prior to approval.

All requests must be accompanied by documentation as to the loss, i.e. pictures, letter of condemnation, letter from insurance company. Your request may be denied if you do not provide sufficient documentation.

You must also provided paid, receipted copies of the tax bills for the year(s) in question. You may obtain receipts from your local tax collector. Cancelled checks will **not** be accepted as proof of payment.

This request is for County taxes only. You must also request a refund from the appropriate municipality and school district. A copy of this approved request will be forwarded to the appropriate township officials and school districts for their information only.

If you have any questions, please call the Assessment Office at 327-2301.

OFFICE USE ONLY

Date Received _____	Documentation provided ___ yes ___ no
Date approved by Board _____	Date to Controller _____
Date check sent _____	
Date sent to school _____	Municipality _____