

Jackson County Collection Department

Scott Lakin Collector
415 E 12th St
Kansas City, MO 64106

Phone 816-881-3232
www.jacksongov.org/Government/Departments/Collection

APPLICATION FOR CREDIT BALANCE/ REQUEST FOR REFUND

FORM MUST BE COMPLETED & RETURNED for credit to be applied or refund issued.

Remitter(please print clearly and
parcel number):

Date Sent: _____
Credit Amount: \$ _____
Bill Number: _____
Account: _____

Name on Bill (If different than Remitter): _____

Please indicate how to use the credit balance, noting it will first be applied to any outstanding tax bill.

- Apply to personal property tax bill for year _____ Refund check to address indicated above.
 Apply to real estate tax bill for year _____ Apply to another bill _____
 Refund check to the following address _____

Taxpayer's Signature _____ Date _____

Taxpayer's Phone No. _____ (Please provide a phone number in case of questions about your request)

Taxpayer's Email address _____

-- FOR OFFICE USE ONLY --

Credit Applied or Refund Check Approval

- An assesment correction Taxpayer not subject to taxes
 Mortgage Company Overpayment Tax Sale Fees Removed
 Overpayment of final Installment Plan Payment. Tax Bill(s) listed previously paid
 Overpayment of tax bill(s) by Cash/Check/MO Other (see Comments)
 Amount Due: \$ _____ Amount Remitted: \$ _____ Resulting Overage: \$ _____

Orig Pmt Date _____ No bill due Bill Due _____ OK to issue(as of _____)

Date Received/By Whom

Collector's Office Approval

Applied to Bill Number

Check Number

Amount

Date

Comments _____

Deputy Collector: _____