



REFUND REQUEST FORM

Date: _____ Business File Number (BFN): _____

Request Amount: _____ Name of Refund Requestor: _____

Reason for refund request:

Please note: If you paid by credit card, your refund will be returned to the credit card used. If you paid by cash or check, your refund will be mailed to you in check form. Also, only the license holder may receive a refund for any given license.

If you paid by cash or check, please confirm where the refund should be sent:

_____ *Mailing Address (Street Address, City, State and Zip Code)*

Please note: Proof of payment is required in order for a refund to be processed. This proof can take the form of a copy of your license, a copy of any dated badge you hold, the actual badge, a receipt, etc.

Have you included proof of payment with this request: YES NO

_____ *Requestor Signature*

_____ *Print Name*

_____ *Contact Phone*

_____ *Email Address*

Your completed refund request and supported documents may either be emailed to exlapplications@denvergov.org, mailed to Excise and Licenses at the address listed above, or brought in person to the department office. The fastest way to receive a refund is by emailing your request.

To be completed by Excise & Licenses Staff

_____ *Clerk's Name*

_____ *Supervisor Approval*

- Information has been documented into Accela
- Enclosed proof of payment.
- Two proofs of payment required if refund is due to duplicated payment.

1. _____
2. _____
3. _____
4. _____

- Revenue Acct Code and Amount
- Revenue Acct Code and Amount
- Revenue Acct Code and Amount
- Revenue Acct Code and Amount