

Please read the instructions for important information before completing this form.

## 1. APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. ACCOUNT INFORMATION

Transaction Date (MM/DD/YY): \_\_\_\_\_ Invoice No./Online CPY No.: \_\_\_\_\_  
 Application/Job No. (if applicable): \_\_\_\_\_ **NOTE: The application status is a factor in determining the refund amount.**  
 Borough or Unit: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

## 3. REASON FOR REFUND REQUEST

Check the appropriate box and attach additional documentation if necessary.

- Fee Exempt (FE)     
  ECB Dismissal (ECB)     
  Overpayment (OP)     
  Bona Fide/New Owner (BFP)  
 Duplicate Payment (DUP)     
  Application Withdrawn (AW)     
  Duplicate Filing (OP)     
  Other (attach justification)

## 4. PAYMENT INFORMATION

Check the appropriate box, specify the dollar amount, and attach supporting documentation.

- PayPal/Venmo     
  Credit/Debit Card     
  Check/Money Order/eCheck  
 A.Amount Paid..... \_\_\_\_\_  Full Filing Fee     Partial Filing Fee  
 B.Correct Fee..... \_\_\_\_\_  
 C.Request Amount..... \_\_\_\_\_ (A minus B)

*If payment was made by check or money order a copy of the front and back of the cancelled check or money order, all supporting documentation must be submitted with this application to the Borough Office or Central Unit where payment was made. If payment was made by credit card a copy of the credit card receipt is required.*

## 5. REQUEST CHECK INFORMATION

Approved refunds are issued to the maker of the check only, the maker is the person who issues and signs the check.

**I hear by affirm I am entitled to a refund for the reason claimed above. Documents submitted to support claim are unaltered.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt/Floor: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- I am the owner of the property.     
  I am the Filing Representative for the owner.  
 I am an officer of the cooperative management board.     
  I am a member of the condominium management board.  
 I am the attorney/legal representative for the owner.     
  Other: Explain the nature of your relationship to the property owner.

### INTERNAL USE ONLY

(REFUNDS WILL NOT BE ISSUED WITHOUT THE NAMES AND SIGNATURES OF AUTHORIZED STAFF)

BOROUGH OFFICE	CENTRAL ADMINISTRATION
Received Date: _____ App Status: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Check box if copies of the check is submitted: <input type="checkbox"/> <i>If a copy of the check is not submitted DO NOT forward the application to Fiscal.</i> 1 <sup>st</sup> Reviewer Name: _____ Signature: _____ Date: _____ 2 <sup>nd</sup> Reviewer Name: _____ Signature: _____ Date: _____ Refund Amount: \$ _____ Mandatory Comments: _____	Control No.: _____ <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove 1 <sup>st</sup> Reviewer Name: _____ Signature: _____ Date: _____ 2 <sup>nd</sup> Reviewer Name: _____ Signature: _____ Date: _____ Refund Amount: \$ _____ Mandatory Comments: _____
FMS Date: _____	FMS CRE No.: _____
FMS Approver: _____	