

PIN: _____

TAX YEAR: _____

INSTALLMENT: _____

TAX: \$ _____

- Our records reflect two payments on the above referenced parcel and installment
- A refund can only be obtained or requested by the payer's listed above
- The first properly executed affidavit received in our office will be honored for refund
- Modified, incomplete or improperly notarized affidavits will not be processed
- You must provide one of the following along with completed affidavit:
 - Copy of the front and back of cancelled check
 - Monthly bank statement identifying date and amount paid
 - Original receipt for cash payments made in person or at bank
 - Copy of bank or credit card statement showing the date transaction was released for settlement

TITLE COMPANIES

- Copy of the closing statement in addition to one of the above

Refund applications must be submitted on or before the five year statute of limitations, which begins on the date the duplicate payment was made.

DUPLICATE PAYMENT REFUND AFFIDAVIT

****If you are not listed as a Payer of the installment you cannot complete this form****

REFUND TO: _____

DATE: _____

ADDRESS: _____

LOAN/FILE NO: _____
(for Mortgage/Title Company use)

Signature of person requesting refund

Position/Title if agent or representative

PHONE: _____

EMAIL: _____

I, the above signed, on oath depose that, as taxpayer or agent therefore, I have made this payment in error and claim the refund of overpayment of real estate tax on the above permanent index number. I agree to indemnify and hold harmless and defend the Will County Treasurer against any and all claims or damages which may result from this refund. I further understand and agree that the refund will be issued only to the maker(s) of this payment.

Subscribed and sworn to before me this ____ day of _____, 20__

Notary Public

Mail completed and signed form to:
Will County Collector
302 N Chicago St
Joliet IL 60432

**For further questions contact Vida Klepczarek at:
815-740-4691 or treasdups@willcountyillinois.com**

FOR OFFICE USE ONLY	
Check # _____	Check # _____
Amount _____	Amount _____
Date _____	Date _____
Initials _____	Initials _____