

LYCOMING COUNTY ASSESSMENT OFFICE

COMMISSIONERS

R. JACK MCKERNAN
Chairman

TONY R. MUSSARE
Vice- Chairman

RICHARD MIRABITO
Secretary

Telephone: (570)327-2301



48 West Third Street, Williamsport PA 17701
Assessment@lyco.org

ASSESSMENT

BROOKE E. WRIGHT, CPE
Chief Assessor

MARK J. ANDERSON, CPE
Deputy Chief Assessor

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 a clerical error.

Catastrophic loss is any loss due to mine subsidence, fire, flood or other natural disaster which affects the physical state of the property AND exceeds 50% of the market value of the property prior to the loss.

The enclosed request form must be completed and returned to the Assessment Office within **6 months** 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 provide 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 _____