



**Billing and Customer Service**  
**P.O. Box 427 MS 1103**  
**Annapolis, MD 21404-0427**

**OFFICE OF FINANCE**

**Karin McQuade, Controller**

**Request for refund of a tax, fee, charge, interest or penalty**

Last name		First name	
Property address		Tax Account number	
Telephone number			
Mailing address, if different			

**I/we are claiming a refund of a tax, fee, charge, interest, or penalty for the following reasons (check one):**

- 1) I/we erroneously paid a greater amount of tax, fee, charge, interest or penalty than was properly and legally payable; or
- 2) I/we paid a tax, fee, charge, interest, or penalty that was erroneously, illegally, or wrongfully assessed or collected in any manner.

Indicate which tax, fee, charge, interest, or penalty is being claimed for refund and the amount:

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State in detail the reasons for claiming a refund. Attach all documentation that is necessary for the Office of Finance to make a decision on your application.

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**Please sign the following statement:**

I/we, the undersigned do hereby declare under the penalties of perjury that the information provided on and with this application is, to the best of my/our knowledge and belief, true, correct, and complete. I/we also understand that the failure to provide all information and/or documentation that is necessary for the County to make a determination is a basis for a denial of the appeal. I/we understand that by filing this appeal, we are authorizing Anne Arundel County to confirm the information provided with this application, including, but not limited to, inspecting the property if necessary. I/we understand that if I/we are aggrieved by the decision of Anne Arundel County, I/we may appeal to the Maryland Tax Court within 30 days of the decision in accordance with § 20-117 of the Local Government Article of the Annotated Code of Maryland.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_