



**COLLECTION DEPARTMENT**  
**JACKSON COUNTY COURTHOUSE**  
415 EAST 12TH STREET SUITE-100  
KANSAS CITY, MO 64106

TAXPAYER SERVICES (816) 881-3232

## APPLICATION FOR REFUND OF TAXES AND / OR FEES

We will not be able to process your application if it is not filled out completely or if needed documentation is not attached. Missouri Statutes state that you have three years from the date of payment to apply for a refund of taxes. **Suggested Documentation:** Copy of Registration, Copy of Title, Paid Receipt, Front and Back Copy of your Canceled Check.

Originating Office: Kansas City / Independence Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Year & Type of Taxes Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Parcel Number: \_\_\_\_\_

I am requesting a refund of \$ \_\_\_\_\_ of the above payment for the following reason (s):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**(Attach additional pages if needed.)**

I (Signature) \_\_\_\_\_, do hereby upon my oath state the matter set forth above are true and correct and understand that Section 575.050 of the Revised Statutes of Missouri state that making a false affidavit is a criminal offense.

**(County Use Only)**

Refund Amount Approved \$ \_\_\_\_\_

Collection Department

Counselor's Office  
(If Necessary)

Manager of Finance

\_\_\_\_\_  
Approved / Rejected

\_\_\_\_\_  
Approved / Rejected

\_\_\_\_\_  
Approved / Rejected