



TOWN OF HARWICH
REFUND REQUEST FORM
OFFICE OF THE TREASURER/COLLECTOR
TEL: 508-430-7501

PLEASE PRINT CLEARLY

Kindly complete Item #1-6, and **sign and return this form** to the Collector's Office to initiate the refund process. Refunds will not be issued if this form is incomplete.

1. Date of Request: _____
2. Bill Type (circle one): Real Estate, Personal Property, MV Excise, Boat Excise, Water
3. Tax Bill Year (printed on bill): _____
4. Bill #: _____
5. Reason for Refund (circle one): Abatement/Exemption, Overpayment
6. Please complete the following to ensure that you receive your refund at the correct address:

Payee Name: _____

Full Mailing Address (including zip code): _____

Telephone Number: _____

Email Address: _____

Refund Amount to be determined by the Treasurer/Collector Office: \$_____

By signing this refund request, I acknowledge that I, the taxpayer, have reviewed my records with those of the Town of Harwich Treasurer/Collector's Office and I attest that I and/or my mortgage company have made all payments applied to this bill and are therefore due this refund.

Taxpayer Signature: _____