



OFFICE OF FINANCE

REQUEST FOR REFUND OF TAX, SEWER, OR MAINTENANCE CORPORATION (MC) CHARGES

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To be completed by requestor:

Registered parcel owner(s) name(s): \_\_\_\_\_

Registered parcel owner(s) phone #: \_\_\_\_\_

Registered parcel owner(s) email: \_\_\_\_\_

Parcel number: \_\_\_\_\_

Property physical address: \_\_\_\_\_

\_\_\_\_\_

Requestor(s) name: \_\_\_\_\_

Requestor phone #: \_\_\_\_\_

Requestor email: \_\_\_\_\_

Relationship to owner(s) (ex. Power of Attorney): \_\_\_\_\_

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**REFUND INFORMATION** Type of Refund Being Requested (Select One): TAX  SEWER  MC

Make check payable to (name & mailing address – Please note that whenever possible, refund checks will be issued to the person(s) / entity from which the original payment was received):

\_\_\_\_\_  
\_\_\_\_\_

Social Security number/Taxpayer ID number of Payee(s): \_\_\_\_\_

Refund amount requested: \_\_\_\_\_

Date of original payment: \_\_\_\_\_

Method of original payment (ex. Check, cash, credit/debit card, etc.): \_\_\_\_\_

Reason for request:

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**CERTIFICATION INFORMATION**

I, \_\_\_\_\_

(REQUESTER NAME)

Do hereby request that County Council refund tax and/or sewer charges for the above-referenced property originally paid by:

\_\_\_\_\_ of \_\_\_\_\_  
(NAME) (ADDRESS)

Such a refund as shown above is justly due and owing, and no part thereof has been previously refunded.

Requester Signature: \_\_\_\_\_

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

Under penalty of perjury, I certify that the information provided on this form is true and accurate to the best of my knowledge and abilities, and all supporting documentation presented is either original or true unaltered copies of the original documents. I understand and consent to the use of electronic documents and communication. I understand that affixing my name electronically on the signature line has the same legal effect as a handwritten signature on a paper document, pursuant to 6 Del. C. Ch. 12A.

**All fields on this form are required. The form must be completed, signed, and returned to New Castle County – Treasury by email (a completed scanned copy with signature) to: [treasury@newcastlede.gov](mailto:treasury@newcastlede.gov) or by postal mail to the address listed below. If you are unable to print and sign the document, you may also affix your digital signature and submit the document electronically to the aforementioned email address. Please note that you may also be required to submit supporting documentation necessary for New Castle County (NCC) to properly process your refund request. This documentation will be requested by NCC on an as needed basis. Please note: ALL refund checks will be issued to the person(s) / entity from which the original payment was received.**

New Castle County Government Center  
Office of Finance – Treasury  
87 Reads Way  
New Castle, DE 19720

**INTERNAL NEW CASTLE COUNTY USE ONLY**

**Associated Tax year(s):** \_\_\_\_\_

**Reason for Refund:**

**Prepared by:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ / Approved by: \_\_\_\_\_