



CITY OF CHICAGO
DEPARTMENT OF FINANCE

ADMINISTRATIVE HEARING REFUND APPLICATION

Section 1: Applicant Information

Respondent Information: [ ] Business [ ] Individual Docket # \_\_\_\_\_

Respondent Name: \_\_\_\_\_

If respondent is a business, provide contact name and info: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

If applicable, provide state tax offset claim/ IW #: \_\_\_\_\_

If refund check should be mailed to a different address, please provide below:

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

Reason for Refund: \_\_\_\_\_

Refund Amount Requested: \$ \_\_\_\_\_

Section 2: Proof of Payment

Please provide a copy of:

- Receipt,
Confirmation page or email,
Cancelled check (front and back), or
Bank/Credit Card Statement

If paid electronically, please provide:

If paid by credit card:

First four digits \_\_\_\_\_
Last four digits \_\_\_\_\_

If paid by electronic check:

First five digits of the routing # \_\_\_\_\_
Last five digits of the account # \_\_\_\_\_

Section 3: Submission of Application

Submit completed application and with proof of payment to: Email: dor\_refunds@cityofchicago.org

Mail: Chicago Dept of Finance, 2 N. LaSalle St., Ste 1210, Chicago, IL 60602

For refund status inquiries, please call 312-744-8447.

Section 4: Signature

UNDER PENALTY AS PROVIDED BY LAW, I DECLARE THAT I HAVE EXAMINED THIS CLAIM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE AND CORRECT. I ACKNOWLEDGE THAT SUBMITTING A FALSE CLAIM FOR REIMBURSEMENT IS PUNISHABLE BY A FINE OF UP TO \$10,000 UNDER SECTION 1-22-020 OF THE MUNICIPAL CODE OF CHICAGO. I ACKNOWLEDGE THAT REFUND PAYMENTS MAY BE APPLIED TO ANY DEBTS DUE AND OWING THE CITY.

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Section 5:-----For Office Use Only-----

[X] DISAPPROVED; DATE APPL NOTIFIED \_\_\_\_\_
[ ] APPROVED REFUND AMT: \$: \_\_\_\_\_
APPROVED BY: \_\_\_\_\_
APPROVED DATE: \_\_\_\_\_
PV VOUCHER #: PV27 \_\_\_\_\_ 2761 \_\_\_\_\_
CAPS CODE: \_\_\_\_\_

REFUND TYPE: [ ] CHECK [ ] ELECTRONIC
[ ] NO FDO IN AHMS

Debt Check Results [ ] No Debt; [ ] Total Debt \$ \_\_\_\_\_
Table with columns: Debt Type, Debt Reference, Debt Amount: \$

Debt Checked by: \_\_\_\_\_ Date: \_\_\_\_\_