

## CITY OF CHICAGO DEPARTMENT OF FINANCE

## ADMINISTRATIVE HEARING REFUND APPLICATION

## Section 1: Applicant Information

Ke	amondant Noma		
	-		
		ct name and info:	
	dress		
Cit	y/State/Zip:	Telephone #:	
Em	ail Address:	Driver's License #:	
If a	applicable, provide state tax offset cl	aim/ IW #:	
If r	efund check should be mailed to a diff	ferent address, please provide below:	
Re	ason for Refund		
Ke	tunu Amount Requesteu. §		
	Proof of Payment		
Pl	ease provide a copy of:	If paid electronically, please provide:	
-	Receipt,	If paid by credit card: If paid by electron	
	Confirmation page or email, Cancelled check (front and back), or	First four digitsFirst five digits of the Last four digitsLast four digitsLast five digits of the Last five digits of the	
-	Bank/Credit Card Statement	Last four digits Last five digits of th	
cuon 3: 8	Submission of Application		
Շուհ	mit completed application and with	nuc of of normant to. Emails day refunds Ositusfak	issas ana
		proof of payment to: Email: dor_refunds@cityofch Ille St., Ste 1210, Chicago, IL 60602	nicago.org
Ma	il: Chicago Dept of Finance, 2 N. LaSa For refund		nicago.org
Ma ection 4:	il: Chicago Dept of Finance, 2 N. LaSa For refund Signature	ille St., Ste 1210, Chicago, IL 60602 status inquiries, please call 312-744-8447.	
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