



7500 W. 29th Avenue
Wheat Ridge, Colorado 80033

CLAIM FOR REFUND

Tax Division (303) 235-2820

Claimant's Name _____

City Account Number (if applicable) _____

Mailing Address Street _____ Unit _____

Mailing Address City _____ State _____ ZIP _____

Contact Name _____

Contact Phone _____ Email _____

Type of Refund (Please select one)

Sales Tax Consumer Use Tax Building Use Tax Lodging Tax

Amount of Refund Requested _____

Explanation of Claim (Please attach supporting documentation such as receipts, invoices or returns)

By signing below I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief.

Signature of Claimant _____

Title _____ Date _____

FOR CITY USE ONLY

Notes:

