

# Lake County Treasurer

## Refund Application

**Instructions: Please provide payment verification for your refund claim (i.e. copy of cancelled check, mortgage escrow statement, settlement statement, etc.) Failure to do so may result in the denial of your claim.** The application process may take up to 4 weeks based on the volume of requests and research required to verify the information provided. Please call our office at 440-350-2516 with any questions or for more information. Your completed application should be mailed to: **Lake County Treasurer \* Attn: Refunds \* 105 Main Street, P.O. Box 490, Painesville, OH 44077** or emailed to: **Treasurer@lakecountyohio.gov**

### Refund Request Information:

Amount of Refund: \$ \_\_\_\_\_ Parcel# \_\_\_\_\_ Tax Year \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

**Reason for Refund:** (please attach any payment verification documents to this form):

- Prepay Budget Account Reason: Property Transferred on \_\_\_\_\_
- Prepay Budget Account Reason: Death of Owner on \_\_\_\_\_ (certificate required)
- Prepay Budget Account Reason: Closeout of account
- Duplicate Payment due to Refinance
- Duplicate payment due to Transfer of Ownership
- Duplicate Payment/ Payment made in error
- Other (please explain)

Claimant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Claimant's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail Check Refund to the Claimant's address Listed Above?  Yes  No

If "No" provide the name and mailing address here: \_\_\_\_\_  
\_\_\_\_\_

### Notarized Certification:

I, the undersigned claimant, make claim to funds now in the Lake County Treasurer's custody in the amount stated above. Having confirmed my interest in this claim to the Mortgage Company, Title Agency, or any other interested parties, and under penalty of perjury, I certify that the information provided on this form is true and correct. All supporting documents presented are original or true copies of the original documents. I also certify that I, or the entity I represent, is the lawful owner of the funds described above and agree to indemnify and hold harmless Lake County, Ohio, the Lake County Treasurer, and its employees and contractors from any damages, claims, or losses of any kind resulting from payment of the above-described funds to me. Furthermore, I understand that any liability resulting from this claim remains with me.

**Claimant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If claiming on behalf of a business, indicate both your name and the business name)

State of \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

**For office use only:**

**Date Received:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Refund #** \_\_\_\_\_ **Check #** \_\_\_\_\_