

Franklin County Treasurer

Application for Refund

Type of Refund: Surplus Prepay Account Tax Lien

Instructions: Please provide payment verification for your refund claim (e.g.-copy of cancelled checks, 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 6 weeks based on the volume of requests and the research required to verify the information provided. Please call our office at 614-525-3438 with any questions or for more information. Your completed application should be mailed to:
Franklin County Treasurer * Attn: Refunds * 373 South High St, 17th floor * Columbus, OH 43215-6306

Refund Request Information:

Amount of Refund: \$ _____ Parcel #/Escrow # _____ Tax Year _____

Owner's Name: _____ Property Address: _____

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

- _____ Prepay Escrow Account Reason: Property Transferred on _____
- _____ Prepay Escrow Account Reason: Death of owner on _____ (certificate required)
- _____ Prepay Escrow Account Reason: Closeout of account
- _____ Duplicate Payment due to Refinance (indicate name of mortgage companies involved)
- _____ Duplicate Payment due to Transfer of Ownership (attach title agency and mortgage company contact info)
- _____ Duplicate Payment/ Payment Made in Error (indicate by whom)
- _____ Board of Revision Property Valuation Change
- _____ Other (please explain)

Claimant's Name: _____ Phone Number: _____

Claimant's Address: _____ City _____ State _____ Zip _____

Are you a Professional Finder? (If yes, attach a valid Power of Attorney): _____ Yes _____ No

Payment Method Requested: _____ Refund Check _____ Credit to Parcel

Mail Check Refund to the Claimant's Address Listed Above? _____ YES _____ NO

If "NO" provide the name and mailing address here: _____

Notarized Certification:

The undersigned makes claim to funds now in the Franklin 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 have a legitimate interest in the funds described above and will indemnify and hold harmless Franklin County, Ohio and its employees from any damages, claims, or losses of any kind resulting from payment of the above described funds to the claimant. Furthermore, I understand that any liability resulting from this claim remains with the undersigned.

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____. (Printed name of Claimant)

Notary Public Signature

For office use only:

Date received: _____ Amount: _____ Warrant #: _____