



STAN BATEMON
CHAIRMAN

ST. CLAIR COUNTY COMMISSION

ST. CLAIR COUNTY SALES TAX DEPARTMENT

165 5TH AVENUE SUITE 102
ASHVILLE, ALABAMA 35953
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TINA MORGAN
ADMINISTRATOR

PETITION FOR REFUND FOR SALES, USE, RENTAL/LEASE, LODGING TAX, OR FUEL TAX

The undersigned hereby makes application for REFUND

of \$ _____ of Tax paid to the St. Clair County Sales Tax Department for the period(s) of

_____.

which was erroneously paid, or paid in excess of the amount due, or was paid in error.

Explain below in detail the reason for the refund or credit, attaching copy of original tax return form plus all relevant invoices, credit memos, or other documentation to justify the issuance of a refund or credit.

Petitioner's Name

D/B/A Telephone Number

Mailing Address (Street or P.O. Box, City, State, Zip)