

PETITION FOR REFUND

The undersigned hereby makes application for refund of _____

Dollars, (\$ _____) _____ tax paid by said undersigned
 to _____ for the period _____
 _____ which amount was erroneously paid, or
 paid in excess of the amount due, or was paid through mistake of fact or law.

Explain reasons for refund claim. (Attach additional pages if necessary.)

I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as prescribed by law.

SELLER/TAXPAYER			JOINT PETITIONER		
Company Name (Seller)			Company Name (Seller)		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
Petitioner's Name		(Please print)	Petitioner's Name		(Please print)
Petitioner's Signature/Title			Petitioner's Signature/Title		
Account No.			Account No.		

PERSON TO CONTACT REGARDING THIS PETITION	PHONE NUMBER
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MAIL TO:
 CITY OF TUSCALOOSA REVENUE
 P O BOX 2089
 TUSCALOOSA, AL 35403