

Administrative Office Building
2 The Circle
PO Box 601
Georgetown, DE 19947



Phone: (302) 855-7871
Fax: (302) 854-5078
sussexcountyde.gov

Sussex County Treasury

TAX REFUND REQUEST

SECTION A: Requestor

Name: _____ Home #: _____
Address: _____ Work #: _____
Cell #: _____
City: _____ State: _____ ZIP: _____
Email: _____

SUBMIT WITH THIS FORM: Proof of payment consisting of front and back copies of canceled check(s) or a payment receipt from Sussex County Government. Approved refunds are issued within 30 days after the completed form and all documents are received and processed.

SECTION B: Refund Information (Property Information)

Bill Number: _____ Parcel ID: _____
Name on Account: _____
Refund Amount: _____

SECTION C: If refund is for Requestor, skip this section

Recipient or
Organization Name: _____
Address: _____
City: _____ State: _____ ZIP: _____

Return the completed form, proof of payment, and the requested documents to:

Mail: Sussex County Treasury **OR** **Fax:** (302) 854-5078
Attention: Megan Ferry
PO Box 601
Georgetown, DE 19947