

Office of the Boone County Collector

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www.showmeboone.com/Collector

APPLICATION FOR CREDIT BALANCE/ REQUEST FOR REFUND

FORM MUST BE COMPLETED & RETURNED for credit to be applied or refund issued.

Remitter(please print clearly):	Date Sent: Credit Amount: \$ Bill Number: Account:
Name on Bill (If different than Remitter):	
Please indicate how to use the credit balance, n	oting it will first be applied to any outstanding tax bill.
□ Apply to personal property tax bill for year _	Refund check to address indicated above.
┌ Apply to real estate tax bill for year	□ Apply to another bill
Refund check to the following address	
Taxpayer's Signature	Date
Taxpayer's Phone No.	(Please provide a phone number in case of questions about your request)
Taxpayer's Email address	
	FICE USE ONLY
	r Refund Check Approval
☐ An assessement correction	Taxpayer not subject to taxes
Mortgage Company Overpayment	Tax Sale Fees Removed
☐ Overpayment of final Installment Plan Payment. ☐ Overpayment of tax bill(s) by Cash/Check/MO	☐ Tax Bill(s) listed previously paid ☐ Other (see Comments)
Amount Due: \$ Amount Remitted	d: \$ Resulting Overage: \$
Orig Pmt Date	Due r OK to issue(as of)
Date Received/By Whom	Collector's Office Approval
Applied to Bill Number	Check Number Amount Date
Comments	
Deputy Collector:	