



# Taxpayer Refund Request

All taxes on the parcel in question must be paid in full prior to making a refund request. Refund requests must be made within one (1) year or, in the case of taxes, three (3) years after the date of the payment of the tax or license fee ([Refer to O.C.G.A. 48-5-380](#)). Please fully complete this form.

Taxpayer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

## Parcel Information (Information on parcel(s) to which refund is requested)

Parcel ID#(s) \_\_\_\_\_ Overpayment Date(s): \_\_\_\_\_

\_\_\_\_\_ Amount Overpayment(s) Was Due: \_\_\_\_\_

\_\_\_\_\_ Amount of Overpayment: \_\_\_\_\_

Physical Address of Parcel: \_\_\_\_\_

Summary Statement (Please provide factual or legal errors which have resulted in erroneous or illegal taxation.)

Was the property appealed to any of the below County offices:

Boards of Equalization

Board of Tax Assessors

Other: \_\_\_\_\_

Result: \_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print and sign this document, attach any additional information that you believe would be helpful to this Request Form, and submit by mail, email, or hand delivery to the Clerk of the Fulton County Board of Commissioners at the address listed below.

**Request form shall be mailed to:**  
**Fulton County Board of Commissioners**  
**c/o Taxpayer Refund Request**  
**141 Pryor Street, SW, 10<sup>th</sup> Floor**  
**Atlanta, GA 30303**  
[Mark.Massey@fultoncountyga.gov](mailto:Mark.Massey@fultoncountyga.gov)