



Deposit Refund Claim Form

This form is to be used to claim a refund for a deposit paid to Norfolk County five years or older.

Examples of the types of deposits include, but not limited to:

Contractors – deposits relating to services contracted by Norfolk County. e.g. winter control

Road Damage

Lot Grading deposits

Requests received will be reviewed and if applicable a refund payment will be issued. Requests **must** include proof of payment (cancelled cheque, debit card receipt and/or a receipt issued by the County) along with this form.

Please complete in full and print clearly:

This is a request for a refund in the amount of \$ _____ as reimbursement for a _____
Paid to Norfolk County.

Property Address Related to Deposit:

Street No. _____ Street Name: _____ Apt/Unit: _____

Permit Number (if applicable): _____

Deposit Paid By: _____ Date Deposit Paid: _____

Declaration

I, Last Name: _____ First Name: _____ Phone Number: _____

Company Name (if applicable): _____

Street No. _____ Street Name: _____ Apt/Unit: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Do hereby declare the following:

That I am the person who paid the deposit, or;

I have the authority to collect the refund on behalf of the original depositor (attach notarized approval).

- That there has been no previous reimbursement for any deposit paid on for the permit listed above.
- That there will be no further claims for this deposit.
- That in the event a refund of the deposit is paid to me as a result of this application I agree to indemnify and save harmless Norfolk County from any and all other claims that may be made with respect to this deposit.
- That statements contained in this request form are true and made with full knowledge of all relevant matters and of the circumstances connected with this request.
- That the information included in this request and in the documents filed with this request are correct.

Signature: _____ Print Name: _____ Date: _____

Office Use Only:

Refund Approved: Yes No By: _____ Date: _____

Cheque Requisition Completion Date: _____

The personal information on this form is collected to be used to process your refund claim, to effect payment, and for aggregate statistical reporting. Questions about this collection can be directed to: Revenue & Tax Services Department.

Completed claim forms and proof of claim should be forwarded:

BY EMAIL TO: propertytaxes@norfolkcounty.ca

BY MAIL TO: Norfolk County, Revenue & Tax Services Department, 50 Colborne Street, South, Simcoe, ON N3Y 4H3