



FINANCIAL AND ADMINISTRATIVE SERVICES
REVENUE DIVISION
123 W. INDIANA AVE. ROOM 103 DELAND, FL 32720-4602
(386) 736-5938 FAX (386) 822-5729
www.volusia.org/finance/revenue.htm

Account: _____ Refund Period: _____ Requested Refund Amount: \$ _____

Reason for Refund Claim: _____

Business Location

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person:

Name: _____

Telephone Number

Business: (_____) _____

Home: (_____) _____

Mailing Address (If Different)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Identification Numbers

Social Security # _____

Federal Employer # _____

State of Florida # _____

Type Of Organization

_____ Sole Proprietorship

_____ Partnership

_____ Corporation

.....

Under penalties of perjury, I declare that I have read this application, and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Applicant: _____

Date: _____