



City of  
Golden

FINANCE DEPARTMENT  
SALES TAX DIVISION

911 10TH ST. GOLDEN, CO 80401 • TEL: 303-384-8024

## CLAIM FORM FOR REFUND

Claimant Name \_\_\_\_\_

City Account Number \_\_\_\_\_

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

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ Email \_\_\_\_\_

### TYPE OF REFUND (Please check one)

☐ Sales Tax

☐ Consumer Use Tax

☐ Building Use Tax

Amount of Refund Requested \$ \_\_\_\_\_

Explanation of Claim (Please attach relevant documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By my signature below, I declare, under the penalty of perjury, that the statements made herein are to the best of my knowledge true and correct.*

Signature of Claimant \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

### (FOR CITY USE ONLY)

Auditor \_\_\_\_\_

A/P Vendor Number \_\_\_\_\_ 99998

Amount Denied \$ \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_

Reason/Comments \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_

Authorization \_\_\_\_\_

\_\_\_\_\_

Date Approved \_\_\_\_\_

\_\_\_\_\_

Date Mailed \_\_\_\_\_

ARN # \_\_\_\_\_ A/P \_\_\_\_\_ ST \_\_\_\_\_ Check # \_\_\_\_\_