



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 # _____