

CLAIM FOR REIMBURSEMENT

Claimant's name: _____

Address: _____

Sales tax permit #: _____

Or Social Security #: _____

I hereby swear and affirm that I have sustained actual damages in the amount of \$_____ as a result of a collection activity of the Department of Finance and administration and request reimbursement. The facts upon which my claim is based are as follows:

The error of the Revenue Department which lead to my actual damages was

I responded to the following contacts by the Revenue Department and provided the requested information sufficient to establish my position as follows:

CLAIMANT