



STREET MAINTENANCE CHARGE

REFUND CLAIM FORM

City of Fairmont
200 Jackson Street, Suite 301
Fairmont, WV 26554
PH: 304-366-6211
FAX: 304-366-0228
web: fairmontwv.gov

Mail To:
City of Fairmont, P O Box 1428, Fairmont, WV 26555-1428

Date:

See instructions on reverse side of this form ►

Credit Claimed for quarter ending:

Individual's Name:

Address:

Phone:

SSN:

Employer Name:

Employer Identification Number:

AMOUNT OF REFUND CLAIMED

Amount of Refund Claimed: \$

State all reasons for claim and attach copy of pay stub(s) reflecting charge withheld from specific pay period(s) claimed.

Employee Statement:

I hereby request a refund of amounts of the charge withheld as specified. I consent to the City of Fairmont's Finance Department verifying information in this form by contacting the Employer named herein or otherwise. Under penalty of perjury, I declare that the foregoing statement is true, correct, and complete to the best of my knowledge.

EMPLOYEE'S SIGNATURE

DATE:

Form SMC-03 (Rev 05/11)