



## REFUND FORM

### Assessment and Taxation Department

Owner Name:

Roll No:

Account No:

Property Address:

Mailing Address:

Phone No:

Cell No:

Amount Request: \$

Purpose of Request:

Additional Information:

Submission Date:

Print Name:

Signature: \_\_\_\_\_

Contact Information for the Assessment & Taxation Department

Telephone: (780) 743-7900

Fax: (780) 743-7050

E-mail: [assessment.taxation@rmwb.ca](mailto:assessment.taxation@rmwb.ca)