

<p align="center"><b>DU PAGE COUNTY COLLECTOR</b></p> <p>421 N. COUNTY FARM RD P.O. BOX 787 WHEATON, IL 60187-0787</p> <p align="center"><b>REFUND OF DUPLICATE PAYMENT AFFIDAVIT</b></p>	<p>PARCEL NUMBER</p> <p>_____ - _____ - _____ - _____</p>	<p>TAX YEAR</p>
<p>PROOF OF PAYMENT MUST ACCOMPANY AFFIDAVIT (CANCELLED CHECK OR CASH RECEIPT). MODIFIED, INCOMPLETE OR IMPROPERLY NOTARIZED AFFIDAVITS CANNOT BE PROCESSED. THE FIRST PROPERLY EXECUTED AFFIDAVIT RECEIVED WILL BE HONORED FOR REFUND. COPIES OR FACSIMILES (FAXES) ARE NOT ACCEPTED.</p>		

I, the undersigned, on oath depose that, as taxpayer or agent thereof, I have made this payment in error and claim the refund of overpayment of real estate tax on the above permanent parcel number. I agree to indemnify and hold harmless and defend the DuPage County Collector against any and all claims or damages which may result from the refund of this overpayment. I have attached a copy of both sides of the cancelled check or cash receipt which was used to make this payment. I further understand and agree that the refund will be issued only to the maker(s) of this check.

*Maker of check (PLEASE PRINT)			
Street Address			Daytime Phone
City, State, Zip			
Signature of individual, agent or representative			Date
Position / Title if agent or representative			
*This affidavit can only be completed by the maker of check. If payment was made by a mortgage company, title company or agent, contact them for handling.		Mortgage / Title Company enter file /loan number	

NOTARY SECTION	
State of: _____ County of: _____  Signed and sworn before me on (print date): _____  By, (print name of above signer) _____  Who is an agent for or representative of: _____  <p align="center"><b>NOTARY PUBLIC SIGNATURE</b></p> <p align="center">_____</p>	<p><b>NOTARY PUBLIC STAMP / SEAL</b></p>           <p>INCLUDE COMMISSION EXPIRATION DATE IF NOT ON STAMP / SEAL</p>

OFFICE USE ONLY						
BATCH	1 <sup>ST</sup> SEQ	DATE	BATCH	2 <sup>ND</sup> SEQ	DATE	INITIALS
ENV	O _____	_____	ENV	O _____	_____	CHECKED
EPC	R _____	_____	EPC	R _____	_____	

**AFFIDAVIT**

Missing proof of payment     
  Notary missing or incomplete     
  Not original signatures     

**RETURNED:** \_\_\_\_\_

**Mail this completed affidavit with proof of payment attached to the above address. Copies or facsimiles are not accepted. If you have questions, please call this office at (630) 407-5900.**