| | | | PARCEL NUMBER | | | | | TAX YEAR | | |
|--|-----------------|--------------|--|--|-----------|---------------------|---|----------------------------|-----------------------|-----|
| DU PAGE COUNTY COLLECTOR | | | | | | | | | | |
| | | | | | | | | INSTALLMI | ENT \Box 1 \Box 2 | |
| 421 N. COUNTY FARM RD WHEATON, IL 60187-2553 | | | PROOF OF PAYMENT MUST ACCOMPANY AFFIDAVIT Please provide one of the following: Photocopies of the front and back of your canceled check(s) Your monthly bank statement identifying date(s) and amount(s) paid Your cash receipt for the tax installment(s) made in person or at the bank Confirmation number needed for wire transfers (mortgage companies) | | | | | | | |
| REFUND OF DUPLICATE PAYMENT AFFIDAVIT | | | | | | | | | | • 3 |
| above permanent par | cel num | ber. I agree | to indemnify and ho | herefor, I have made this old harmless and defend the copy of my proof of pays | ne DuPage | County Collector | against any | and all claims or | damages which may | |
| *Maker of paymer (PLEASE PRINT) | nt | | | | | | | | | |
| Street Address | | | | | | | | Daytime Phone | | |
| City, State, Zip | | | | | | | | | | |
| Signature of individual, agent or representative | | | | | | | | Date | | |
| Position / Title if age or representative | ent | | | | | | | | | |
| *This affidavit can o | de by a n | nortgage coi | the maker of payme mpany, title company | | | | | | | |
| | | | | NOTARY SECTION | ON | | | | | |
| State of: | | | Count | County of: | | | | NOTARY PUBLIC STAMP / SEAL | | |
| Signed and sworr | before | me on (pr | rint date): | ate): | | | | | | |
| By, (print name of above signer) | | | | | | | | | | |
| Who is an agent f | or or re | presentativ | ve of: | | | | | | | |
| NOTARY PUBLIC SIGNATURE | | | | | | | | | | |
| | | | | | | | INCLUDE COMMISSION EXPIRATION DATE IF NOT ON STAMP / SEAL | | | |
| OFFICE USE ONLY | | | | | | | | | | |
| ВАТСН | 1 ST | SEQ | DATE | ватсн | | 2 ND SEQ | | DATE | INITIALS | |
| ENV | O . | | | ENV | | O | | | CHECKED | |

Mail this completed affidavit with proof of payment attached to the above address. Modified, incomplete or improperly notarized affidavits cannot be processed. The first properly executed affidavit received will be honored for refund. Copies or facsimiles are not accepted. If you have questions, please call this office at (630) 407-5900.

EPC

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