



TOWN OF APPOMATTOX
210 Linden Street
P O Box 705
Appomattox, VA 24522
(434) 352-8268 FAX (434) 352-2126

CIGARETTE TAX STAMPS REFUND FORM

Applicant: _____

Mailing Address: _____

I hereby certify, under penalty of perjury, that the information listed on this form is true and correct, to the best of my knowledge.

Signature: _____

The above named applicant hereby applies to Stacey H. Wiles, Treasurer for a credit/refund of the following number of cigarette tax stamps.

Number of FULL sheets _____ x \$25.00 / sheet = \$ _____

Total Tax Refund \$ _____

Reason for Refund: _____

Mutilated/Destroyed Stamps: (No refund checks under \$5.00 you may request a credit on next purchase)

No. of Stamps: _____ @ \$ 0.25 each = \$ _____

Total Tax Refund \$ _____

Reason for Refund: _____

Please specify: Refund check _____ OR Credit on next purchase _____

OFFICE USE ONLY

Approved by Stacey H. Wilkes, Treasurer

Signature

Date