



101 Chalmers Court, Suite A
Berryville, VA 22611

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Town of Berryville Cigarette Tax Stamp Refund Request 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 the Town of Berryville for a refund of the following number of Cigarette Tax Stamps:

Number of stamps _____ X \$0.10 per stamp = \$ _____

TOTAL REFUND DUE \$ _____

Reason for refund: _____

NO REFUNDS WILL BE MADE FOR \$5.00 OR LESS

OFFICE USE ONLY

Approval Signature _____ Date _____

Beginning Serial Number _____ Ending _____

Check Number _____ Amount _____

Date Check Mailed _____