Original notarized claim forms shall be mailed to:
City of League City
ATTN: Finance - PID Refund
300 West Walker
League City, TX 77573

Claim for PID Assessment Refund

SECTION 1 – GENERAL INFORMATION – All information must be provided.

1. Claimant Name: _____

2. Property Address:_____
NUMBER AND STREET

3. Refund Amount: $_____ (per City schedule) 4. PID No. _____

SECTION 2 – CLAIMANT INFORMATION

5. Mailing Address:_____

_____

6. Telephone : _____

SECTION 3 – SIGNATURE OF CLAIMANT OR REPRESENTATIVE

I declare under penalty of perjury that the foregoing is true and correct and that the undersigned is the person(s) who paid the PID assessments, or person/entity entitled to claim or refund, or his or her guardian, executor or administrator, or an authorized officer of a corporation, partnership, or other business entity payor. I am not an individual payor's agent or the payor's attorney.

_____ _____
DATE

_____
Signature (s) of Payor(s)

_____ _____
Printed Name(s) Title (if payor is business entity)

State of Texas)
) ss.
County of)

Before me_____(name and title of officer) on this day personally appeared _____(name(s) of signer(s), known to me (or proved to me on the oath of _____or through _____(type of identification document) to be person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____day of _____(year).

_____(Signature of Notary) (Seal of Notary)