

**J. Craig Snodgrass CPA CGFM,  
Lorain County Auditor  
Application for Refund of Tax Surplus**

**Instructions:** This form must be completed, signed, and notarized. Please provide payment verification for your overpayment claim (such as copies of the front and back of cancelled checks or the Treasurer's paid stamped receipt). Failure to do so, will delay the processing of the claim. The application process may take up to 6 - 14 weeks based on the tax cycle, the volume of requests, and the amount of research required to verify the refund. Please call our office at (440) 329-5212 with questions or for more information about the refund process. You will be notified of the status of your claim either by refund check or letter.

**\*\* Please consult your tax advisor for any tax consequences.**

**Send complete applications to:**

**J. Craig Snodgrass, Lorain County Auditor \* Attn: Real Estate Dept – Surplus \* 226 Middle Avenue, 2nd Fl. \* Elyria, OH 44035**

**Refund Request Information:**

Amount of Overpayment	Parcel Number	Date of Payment

Property Owner's Name	Property Address

Mark an X next to the reason the overpayment occurred (include attachments if necessary):

- |   |  |
|---|--|
| <input type="checkbox"/> Refinance (indicate name of mortgage companies involved) | <input type="checkbox"/> Transfer of Ownership (indicate Title Co. involved) |
| <input type="checkbox"/> Overpayment (indicate by whom)                           | <input type="checkbox"/> Other (please indicate below)                       |

Claimant's Name	Claimant's Address		
	City	State	Zip Code
Phone Number			

Will the refund be paid to the order of the Claimant listed above:  Yes  No  
If NO, provide the name and mailing address the refund will be paid to the order of.

Name	Address		
	City	State	Zip Code
Phone Number			

**Notarized Certification:**

The undersigned makes claim to funds now in the Lorain County Auditor's custody in the amount stated above. Having confirmed my interest in this claim to the Mortgage Company, Title Agency, or any other interested parties, and under penalty of perjury, I certify that the information provided on this form is true and correct. All supporting documents presented are original or true copies of the original documents. I also certify that I have a legitimate interest in the funds described above and will indemnify and hold harmless Lorain County, Ohio and its employees from any damages, claims, or losses of any kind resulting from payment of the above described funds to the claimant. Furthermore, I understand that any liability resulting from this claim remains with the undersigned.

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If claiming on behalf of a business, indicate both your name and the business name)

Print Name of Claimant \_\_\_\_\_, State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature \_\_\_\_\_ Commission Expires \_\_\_\_\_