

**TOWN OF SAUGUS
TOWN HALL**

Treasurer/Collector
298 CENTRAL STREET
SAUGUS, MA 01906
Phone: (781) 231-4135
Fax (781) 231-7652



REFUND AMOUNT _____

Fiscal Year _____

****RETURN YOUR REQUEST FOR REFUND VIA EMAIL TO mnapoli@saugus-ma.gov *****
You must include copies of canceled checks + copies of all remittance documentation with request.

REQUEST FOR REFUND OF OVERPAYMENT
(Please Print)

Date _____

Check Payable to: _____

Mailing Address: _____

Telephone #: _____

REFUND TYPE: (Please check off)

☐ Real Estate ☐ Personal Property ☐ Water/Sewer ☐ Motor Vehicle Excise

Account/Bill #: _____

Ownership info: _____

Property Location: _____

Parcel ID #: _____

Owner's Name: _____

Signature

****Note: Refunds take 30-60 business days from date of submission to process.***