CITY OF RADFORD
COMMISSIONER OF THE REVENUE
Kelsey Marletta
619 Second St Room 161, Radford VA 24141
Phone: 540-731-3613
kelsey.marletta@radfordva.gov

CIGARETTE TAX STAMPS REFUND REQUEST

FEIN:_____ CIGARETTE TAX LIC. NO.: _____

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:_____ DATE: _____

NAME (PRINTED):_____ PHONE: _____

The above named applicant hereby applies to Kelsey Marletta, Commissioner of the Revenue, for a refund of the following number of cigarette tax stamps:

Number of Stamps:_____@ $0.40 Each = $ _____

Total Tax Refund $ _____

REASON FOR REFUND:

_____

_____

_____

OFFICE USE ONLY

APPROVED BY KELSEY MARLETTA, COMMISSIONER OF THE REVENUE

_____ _____

Signature Date