

COLUMBIA COUNTY

Department of Finance and Taxation

Mary Ann Guess, Tax Collector

Katie Kelley, Deputy Tax Collector



ST. HELENS, OR 97051

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Direct (503)397-0060

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www.columbiacountyor.gov

Refund Request

Property ID #: _____

Date of Request: ____ / ____ / ____

Property Address or Map & Tax Lot: _____

Reason that payment was made in error:

Name and address of paying party:

Name and mailing address to whom the refund should be sent:

Is there a mortgage on this property? _____ (Y / N)

If yes, please complete the following:

Mortgage Company Name: _____

Request Submitted By:

Name: _____

Contact Phone: _____

Contact Email: _____

X _____

Signature of requestor (If submitting by mail or in person)

*You may also E-mail Completed Form to: taxcollector@columbiacountyor.gov

****All sections are required****

By entering my initials, I acknowledge that I submitted this refund request form electronically and that I agree to the terms and conditions of this form and affirm the information provided in it is true.

INITIALS: _____