



**TOWN OF FARMVILLE**

116 North Main Street  
Post Office Drawer 368  
Farmville, VA 23901  
(434) 392-3333 FAX (434) 392-6135

**CIGARETTE TAX STAMPS REFUND FORM**

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: \_\_\_\_\_

The above named applicant hereby applies to Carol A. Seal, Treasurer for a credit/refund of the following number of cigarette tax stamps.

Number of FULL sheets \_\_\_\_\_ x \$25.00 / sheet = \$ \_\_\_\_\_

Total Tax refund \$ \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\*\*\*\*\*

Mutilated/Destroyed Stamps: *(No refund checks under \$ 5.00 you may request a credit on next purchase)*

No. of Stamps: \_\_\_\_\_ @ \$ 0.25 each = \$ \_\_\_\_\_

Total Tax Refund \$ \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Please specify: Refund check \_\_\_\_\_ OR Credit on next purchase \_\_\_\_\_

**OFFICE USE ONLY**

Approved by Carol Anne Seal, Treasurer

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE