Westchestergov.com

SMALL CLAIM ASSESSMENT REVIEW (SCAR)
COUNTY TAX REFUND INFORMATION FORM

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The Westchester County Finance Department requires the following information in order to process SCAR refunds in your municipality. Please complete this form as applicable.
Use this for SCAR agreements only. **Thank you.**

1. CITY/TOWN: _____

2. OWNER NAME: _____ **SECTION:** _____

ADDRESS: _____ **BLOCK:** _____

ZIP_____ **LOT:** _____

3. PRIOR ASSESSMENT: _____

PRIOR EXEMPT AMOUNT: _____ **(FOR COUNTY GENERAL LEVY ONLY)**

PRIOR TAXABLE VALUE _____

4. REVISED ASSESSMENT: _____

REVISED EXEMPT AMOUNT: _____ **(FOR COUNTY GENERAL LEVY ONLY)**

REVISED TAXBLE VALUE _____

5. COUNTY GENERAL TAX RATE: _____

COUNTY SOLID WASTE DISTRICT TAX RATE: _____

COUNTY SEWER DISTRICT NAME: _____

COUNTY SEWER DISTRICT TAX RATE: _____

COUNTY WATER DISTRICT NAME _____

COUNTY WATER DISTRICT TAX RATE _____

6. I CERTIFY THAT THE ABOVE NAMED PROPERTY OWNER HAS PAID COUNTY GENERAL AND SPECIAL DISTRICT TAXES WHERE APPLICABLE FOR TAX YEAR _____ **BASED ON THE ASSESSMENT AMOUNT OF $**_____ **AND IS ENTITLED TO THE APPROPRIATE REFUNDS.**

_____ _____

ASSESSOR SIGNATURE **PHONE** **RECEIVER OF TAXES SIGNATURE** **PHONE**

_____ _____

(PRINT NAME) **(PRINT NAME)**

PLEASE MAIL TO:

WESTCHESTER COUNTY DEPARTMENT OF FINANCE, 148 MARTINE AVENUE Room 724
WHITE PLAINS, NEW YORK, 10601
ROSEMARIE RAPAY EMAIL: MMRA@WESTCHESTERGOV.COM,
PHONE NUMBER (914) 995--2772, FAX NUMBER (914) 995-2219