

Property Tax Overpayments

Refunds are not made automatically. Those who overpay or double-pay their City of Kingsland property taxes must submit a refund request.

If you think you have overpaid your Property Tax bill, you can contact the Finance Department at (912)729-5613 to see if you are entitled to a refund. To obtain your Property Tax Overpayment, complete the following steps:

- a. Contact the Finance Department.
- b. Record the year and amount of overpayment due to you.
- c. Download, print & complete the Tax Refund Form in its entirety.
- d. Mail notarized form and supporting documentation (including cancelled check, paid receipt, *release from other interested parties, etc.) to:

**City of Kingsland Finance Dept.
ATTN: Tax Refunds
P.O. Box 250
Kingsland, GA 31548**

*If another party paid the taxes (such as a builder, a prior or subsequent owner, title company, leaseholder, mortgage company or someone who owns part of the same map & parcel), you may be asked for a letter of direction in order to receive the refund. The letter of direction is written by the other payer and authorizes the Finance Office to issue a refund to the person applying for the refund.

- e. Once your application is received, you will be notified by mail of the status of your request.

Disclaimer: The City of Kingsland property tax digest contains the name of the property owner at the time an overpayment was made. That does not, however, guarantee that the name listed is the person entitled to the refund. The property tax digest may contain errors. Any liability will remain with the entity or individual who completed the refund request as well as the recipient of the excess funds. Please remember to sign the application and have it notarized. We will not process incomplete or unsigned applications.



City of Kingsland

Unclaimed Property Tax Refund Claim Form

If you have made an overpayment of property taxes and wish to claim a refund, please complete this claim form and return it to the City of Kingsland Finance Department at the address below. Refund claims will be verified and, if valid, refunds are generally issued within 30 days after the receipt of the claim.

Fill in each blank below (Please print clearly)

Name(s) on Property Bill: _____

Parcel/Bill Number: _____

Property Address: _____

Refund Issued To: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Reason for Claim:

Please state the reason why you are claiming the refund and attach all required identification and supporting documentation to your claim. Failure to provide this information may result in the claim being denied and returned to the sender. Also, remitters are requested to provide as much information as possible in order to expedite the review process and to substantiate the remitter's right to the unclaimed refund.

I state that I am the rightful claimant to the overpayment of taxes made on the above referenced parcel/bill number. I agree if I accept a refund not legally due to me or paid to me in error, I am legally responsible to return the funds to the City of Kingsland within 30 days of notice. I declare under penalty of perjury that the foregoing is true and correct. Furthermore, I agree to indemnify and hold harmless the City of Kingsland, its officers, and its employees from any loss resulting from the payment of this claim.

Note: Your signature(s) must be notarized.

Date: _____

Signature: _____

Printed Name: _____

Remit to: City Of Kingsland Finance Dept.

ATTN: Tax Refunds

P.O. Box 250

Kingsland, GA 31558

Notary Acknowledgement

State of _____
County of _____

On _____ before me, _____, a Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary: _____

My Commission Expires: _____