



City of Dayton

Verified Claim

416 Ferry St
PO Box 339
Dayton OR 97114
(503) 864-2221

www.ci.dayton.or.us
cityofdayton@ci.dayton.or.u

To: City of Dayton
416 Ferry Street
PO Box 339
Dayton OR 97114

Date:

Person Requesting Refund: _____
Business Name: _____
Mailing Address: _____
City, State & Zip _____

The above person or persons is requesting a refund in the amount of: \$ _____

for _____ Tax Year _____

Reason for requesting the refund: _____

Signature of person requesting refund _____

Print Name and Title _____

State of _____ County of _____

The foregoing instrument was acknowledged before me by _____, this
____ day of _____, _____.

Seal

Notary Public - State of Oregon