



**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 refund of the following number of cigarette tax stamps.

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE ONLY**

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Approved by Julie A. Moore

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SIGNATURE DATE