

Finance Office
 116 W. Center Street
 Madison, SD 57042



Application for Refund of Invalid, Inequitable or Unjust Special Maintenance Fee Assessment

Please complete one application per contiguous parcel(s) per refund year. Refunds limited to last four years.

Applicant Name: _____ Phone Number: _____

Mailing Address: _____

Owner Name on Deed: _____ (attach appropriate proof of ownership)

Parcel Address: _____

County Parcel Identification Number: _____ (attach copy of county tax notice)

List adjacent parcel(s) Identification Number(s): _____

Total Front Footage (including all sides): _____ (attach appropriate map or survey)

Assessed Street Maintenance Fee: \$ _____ Refund Year Requested: _____

Reason why Street Maintenance Fee Assessment is invalid, inequitable, or unjust:

Is your application complete? Are all the blanks above completed? Does it have attached a proof of ownership (deed, tax card); county tax notice, and an official map or survey showing discrepancy?

Signature		Date	
For Office Use Only			
City Engineer Office			
Initial One	Comment	Database Modified	
Approve	_____	Initials: _____	
Reject	_____	Date: _____	
Revise	ft _____		
Finance Office	Date	Initials	Date
Refund Amount: _____	Coding: _____	Approval _____	Payment Mailed
Verified per County Auditor that Fee Paid (initials) _____			
Date of Applicant Notice Mailing: _____		Date of expiration of 30 day appeal period: _____	