



CITY OF MARTINSVILLE, VIRGINIA

Office of the Commissioner of the Revenue

REQUEST FOR REFUND OF UNUSED OR MUTILATED CIGARETTE STAMPS

Applicant: _____ Date: _____

Address: _____

Request is hereby made to Ruth L. Easley, Commissioner of the Revenue, for a refund for the enclosed City of Martinsville Cigarette Stamps.

Number of Stamps: _____ @ _____ ¢ each

Refund Request \$ _____

Less 5% \$ _____

Total \$ _____

Reason for Request: _____

Submit request and unused or mutilated stamps to:

Commissioner of the Revenue
55 W. Church Street, Room 101 or P.O. Box 1222
Martinsville, VA 24112 Martinsville, VA 24114-1222

CERTIFICATION

I certify that the foregoing statement is true and accurate to the best of my knowledge and belief.

Signed (Affiant) Date

Signed (Notary) Date

Print Name and Title

Approved: Ruth L. Easley, Commissioner of the Revenue Date