

**INDIAN RIVER COUNTY
APPLICATION FOR IMPACT FEES REFUND**

THIS FORM IS TO BE USED WHEN THE APPLICATION FOR REFUND IS BASED UPON THE **FAILURE TO SPEND OR ENCUMBER IMPACT FEES BY THE END OF THE CALENDAR QUARTER IMMEDIATELY FOLLOWING SIX YEARS FROM THE DATE THAT THE IMPACT FEE WAS PAID.**

* ASSIGNED I.R.C. *
* PROJECT NUMBER: _____ - _____ *

Submit to the Indian River County Planning Division

TYPE or PRINT ALL information.

I. Applicant Information

Name: _____
If the Applicant is a business entity (e.g., corporation, limited liability company, etc.), the complete legal name of the entity must be stated.

Address: _____

City, State & Zip: _____

Phone No: (_____) _____ Ext. _____

NOTE: Any refund check will be mailed to the above address, unless otherwise requested in writing.

II. Identify the Type of Impact Fee(s) for which Refund is Sought

Type of impact fee(s): _____

Date of payment and receipt by the county: _____

III. Status of Applicant

Applicant is the:

Current owner of the property for which the impact fee(s) was paid
If the Applicant is not the sole owner of the property, list the other owners _____

Other: Explain _____

For Individuals, Social Security #: _____

For Businesses, Federal Employer ID #: _____

NOTE: Any refund check will be made payable to all owners of the property, or the owner's agent as designated in writing. The social security number or federal employer ID number must be provided for all owners of the property.

IV. Subject Property Information

Property Address: _____

Property Tax ID Parcel #: _____

V. Please provide the following items with this application

1. A copy of the receipt of impact fee(s) payment or a copy of canceled check indicating amount and date impact fee(s) was paid
2. A copy of the recorded deed showing current property ownership status and other supporting documents
3. A completed W-9 form for each property owner

VI. Application Fee

No Application Fee

VII. Application Certification

WARNING: THE MAKING OF A FALSE STATEMENT UNDER OATH MAY CONSTITUTE PERJURY, PUNISHABLE IN ACCORDANCE WITH CHAPTER 837, FLORIDA STATUTES. IN ADDITION, THE MAKING OF A FALSE STATEMENT WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY IS PUNISHABLE IN ACCORDANCE WITH SECTION 837.06, FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION, AND THE FACTS STATED IN IT ARE TRUE.

If the applicant is a business entity (e.g., corporation, limited liability company, etc.), the signer must state his or her position with the entity (e.g., president, manager, etc.)

NOTE: THE APPLICANT MUST SIGN THIS APPLICATION BEFORE A NOTARY PUBLIC UPON OATH THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND CORRECT. THE NOTARY PUBLIC MUST THEN COMPLETE THE NOTARY PUBLIC CERTIFICATES ON THE NEXT PAGE. AN APPLICATION WHICH DOES NOT CONTAIN A COMPLETED NOTARY PUBLIC'S CERTIFICATE SHALL BE DEEMED TO BE INCOMPLETE.

NOTARY PUBLIC CERTIFICATE

A. FOR USE WHEN THE APPLICANT IS AN INDIVIDUAL

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____ who, upon oath, states that he/she has read the foregoing Application for Impact Fees Refund, which he/she has executed, and the facts contained therein are true and correct. I further state that affiant did take an oath.

(NOTARY SEAL)

Print name: _____
NOTARY PUBLIC - State of _____

Personally Known or Produced Identification
Type of Identification Produced: _____

B. FOR USE WHEN THE APPLICANT IS A BUSINESS ENTITY (SUCH AS A CORPORATION, LIMITED LIABILITY COMPANY, ETC.)

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____ as _____ of _____, who, upon oath, states that he/she has read the foregoing Application for Impact Fees Refund, which he/she has executed on behalf of _____, and the facts contained therein are true and correct. I further state that affiant did take an oath.

(NOTARY SEAL)

Print name: _____
NOTARY PUBLIC - State of _____

Personally Known or Produced Identification
Type of Identification Produced: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number					
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	-		-		
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.