

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
CREDIT CLAIM FOR RECORDING SURCHARGE INDICIA
Rev 3004.06

NAME: _____ REGISTER OF DEEDS

COUNTY: _____

AMOUNT OF CLAIM: \$ _____

ORIGINAL FILING PERIOD

Documentation on Erroneously Issued Indicia of Payment of the Recording Surcharge, or Non-Sufficient Funds (NSF)

1. DATE OF ISSUE: _____

2. NUMBER AND DENOMINATION OF SURCHARGE INDICIA ISSUED: _____

3. TYPE OF DOCUMENT SUBJECT TO RECORDING SURCHARGE: _____

4. NAME AND ADDRESS OF GRANTOR: _____

5. NAME AND ADDRESS OF GRANTEE: _____

6. BOOK, PAGE NUMBER, AND WHERE DOCUMENT IS RECORDED: _____

7. CIRCUMSTANCES UNDER WHICH ERRONEOUS ISSUE WAS MADE:

8. ENCLOSE:

- a. A PHOTO COPY OF THE DOCUMENT PAGE UPON WHICH THE ERRONEOUS INDICIA WAS AFFIXED.
- b. COPY OF NSF ADVICE FROM BANK INCLUDING RELATED BANK FEES
- c. ORIGINAL CHECK RETURNED BY BANK FOR NSF
- d. ALLOCATION OF PAYMENT IF CHECK INCLUDED FEES OTHER THAN L-CHIP SURCHARGE

9. SIGNATURE OF REGISTER OF DEEDS OR AUTHORIZED AGENT

_____ DATE

WHEN TO FILE:	This form MUST be attached to Form DP-4 for the month in which the credit is claimed.
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FOR DRA USE ONLY