WOODBURY COUNTY
AGENDA ITEM(S) REQUEST FORM

Date: 7/22/2026 **Weekly Agenda Date:** 7/28/2026

Elected Official / Department Head / Citizen: Tina Bertrand/Janet Trimpe

Wording for Agenda Item:

Refund Request for Closing Siouxland

Action Required:

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☒

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

Reviewed by County Attorney's Office: ☐

Background & Financial Impact:

Closing Siouxland paid two parcels and they are requesting a refund on the amount they paid. 8947 19 377 006 (1620 Casselman St) $461.00 8947 19 377 026 (1620 1/2 Casselman St $593.00 The above 2 parcels are each divided into 21 different parcels for the 2025 year.

Recommendation:

Please approve the requested refunds for Closing Siouxland as they were paid in error.

Attachments:

Attachment 1

Attachment 2

Approved by Board of Supervisors on March 17, 2026

Tina M. Bertrand
Woodbury County Treasurer
822 Douglas St Ste 102
Sioux City IA 51101
712-279-6495

7-22-26

Re: Refund of Payments

Dear Board of Supervisors,

Closing Siouxland paid the below payments in advance on the following parcels and they are requesting a refund since the original parcels have been split into 21 different parcels.

8947 19 377 006 (1620 Casselman St)	$461.00
8947 19 377 026 (1620 ½ Casselman St)	$593.00

Please approve the above refunds requested since they were paid in error.

If you have any questions, please feel free to contact me.

Thank you for your time,

Janet L Trimpe
Woodbury County Tax Deputy
jtrimpe@woodburycountyiowa.gov
Phone #712-224-6024

WOODBURY COUNTY TREASURER

www.woodburycountyiowa.gov
822 Douglas St. Room 102
Sioux City, IA 51101

Mail to:
Woodbury County Treasurer
822 Douglas St., Room 102
Sioux City, Iowa 51101

Request for Property Tax Refund

We hereby request a refund of property tax paid for the following parcels:

PARCEL #	8947 19377006	**Amount**	$461
PARCEL #	8947 19377026	**Amount**	$593
PARCEL #		**Amount**	
PARCEL #		**Amount**	

REASON FOR REFUND:

☒ ***Over Payment made on*** 10/21/26 ☐ ***Sold Property on*** _____

☐ ***Duplicate Payment made on*** _____

☐ ***Other:*** _____

REFUND REQUESTED BY:

Name(s): Closing Siouxland Inc.
(Refund to be issued to name above, Please Print Clearly)

Mailing Address: 2400 4th St.

City: Sioux City State: IA Zip: 51101

Phone Number: (712) 224-3669 Email: Mike@ClosingSiouxland

Printed Name: Michael Laughlin Date: 7/21/26

Signature: Michael Laughlin

Office use Only:
Notes: _____

Clerk: _____ **Date:** _____

Refund issued on: _____ **Check #:** _____

Property Tax: (712)279-6495
Fax: (712) 279-6493