

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:

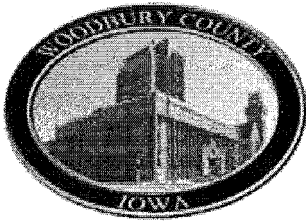
Please approve the requested refunds for Closing Siouxland as they were paid in error.

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,

A handwritten signature in cursive script, appearing to read "Janet L. Trimpe".

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 #	<u>894719377006</u>	Amount	<u>\$461</u>
PARCEL #	<u>894719377026</u>	Amount	<u>\$593</u>
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 #: _____