

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

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| <b>WHEN TO FILE:</b> | 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