

# CLAIM FOR REFUND OF TAXES

To: (county) County Tax Collector's Office  
State of California

Applicant, please fill out the information below:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Assessor's Parcel Number

\_\_\_\_\_  
Address

Tax payment was made on (date(s)):  
\_\_\_\_\_

In accordance with the provisions of the California Revenue and Taxation Code sections 5096 et seq., this claim is filed with the \_\_\_\_\_ County Board of Supervisors to request that a refund of taxes for fiscal year(s) \_\_\_\_\_ in the amount of \$\_\_\_\_\_ be made in accordance with this application.

All/part of the tax for the year(s) as shown above is void for the following reason(s):

I certify, or declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name