

COUNTY OF LOS ANGELES  
AUDITOR - CONTROLLER

Gangloff, Gangloff & Pool  
16600 Woodruff Ave.  
Bellflower, CA 90706

"CLAIM FOR REFUND OF PROPERTY TAXES"

(See Instructions On Back)

Class Action

\* Mandatory Fields

1. Assessee: \_\_\_\_\_
- 2.\* Claimant Name: \_\_\_\_\_
- 3.\* Claimant Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- 4.\* Telephone: (\_\_\_\_) \_\_\_\_\_
- 5.\* Secured: Map Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel \_\_\_\_\_  
Year(s) & /Sequence #(s) \_\_\_\_\_
- Unsecured: Bill#(s): \_\_\_\_\_  
Year(s) & /Sequence #(s) \_\_\_\_\_
6. Situs address: \_\_\_\_\_  
\_\_\_\_\_
7. Reason for refund claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Amount of tax claim (if known): \$ \_\_\_\_\_
9. Amount of penalty claim (if known): \$ \_\_\_\_\_
10. Total amount of claim (if known): \$ \_\_\_\_\_

11. Proof of payment enclosed

I hereby certify and declare under penalty of perjury that the foregoing is true and correct that the tax amount sought to be refunded was paid within four years prior to filing this demand; that the amounts herein claimed are correct and no part thereof has heretofore been refunded to this claimant or to any other person for his benefit; and, if acting on behalf of a corporation, that I am duly authorized to act on their behalf, and that the title shown is true and correct.

12.\* Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

13. Title (if applicable): \_\_\_\_\_

If claim is for a company, person signing must show title (see reverse side for further instructions)

THIS FORM IS TO BE SIGNED, DATED AND RETURNED WITH PROOF OF PAYMENT FOR THE TAX YEAR(S) FOR WHICH REFUND IS CLAIMED TO:

Auditor-Controller, Tax Division  
Refund Group, Rm 153  
Kenneth Hahn Hall of Administration  
500 West Temple St., Los Angeles, CA 90012-2766  
Phone: (888) 807-2111, Fax: (213) 617-0592

FOR OFFICIAL USE ONLY

Origination of Claim:

- Assessment Appeals  Exemptions
- Tax Collector  Ownership