

COUNTY OF SAN DIEGO  
AUDITOR - CONTROLLER

**"CLAIM FOR REFUND OF PROPERTY TAXES"**

(See Instructions On Back)

- 1 Assessee \_\_\_\_\_
- 2 Claimant Name \_\_\_\_\_
3. Claimant Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Area Code (\_\_\_\_\_) Telephone: \_\_\_\_\_
5. Secured MapBook \_\_\_\_\_ Pg \_\_\_\_\_ Pcl \_\_\_\_\_ Yr/Seq \_\_\_\_\_ TRA \_\_\_\_\_  
Unsecured Bill# \_\_\_\_\_ Yr/Seq \_\_\_\_\_ TRA \_\_\_\_\_
6. Situs address \_\_\_\_\_  
\_\_\_\_\_
7. Reason for refund claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Amount of tax claim: \$ \_\_\_\_\_
9. Amount of penalty claim: \$ \_\_\_\_\_
10. Total amount of claim: \$ \_\_\_\_\_
11. Proof of payment enclosed

STATE OF CALIFORNIA ) ss  
COUNTY OF SAN DIEGO)

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

**California Clerk of the Board**

**Thomas J. Pastuszka**  
Clerk, Board of Supervisors  
1600 Pacific Highway, Rm 402  
San Diego, CA 92101-2471  
(619) 531-5431 FAX: (619) 595-4616