

\*\*\*\*\*  
PETITION FOR CANCELLATION OF UNCOLLECTED TAXES OR PENALTIES/CLAIM FOR REFUND  
\*\*\*\*\*

(Please Print Legibly)

Gangloff, Gangloff & Pool  
Class Action  
16600 Woodruff Ave., Suite 215  
Bellflower, CA 90706  
562-920-5853

Amount of Check to Tax Collector \$ \_\_\_\_\_

Check Number # \_\_\_\_\_

Date Check Mailed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Assessee Name \_\_\_\_\_

Assessee Address \_\_\_\_\_

Assessment No. \_\_\_\_\_ Bill. Assessment No. \_\_\_\_\_

If more than one Assmt., check box and list additional Assmt. on reverse

Grounds For Cancelling Taxes Or Penalties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California, that the foregoing, including any accompanying statements or documents, to be true and correct; and that I paid or am responsible for the payment of taxes on the above assessment.

Executed on \_\_\_\_\_, 2000 \_\_\_\_\_  
Date City, State

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_  
Mailing Address

\*\*\*\*\*  
Return this form to:  
COUNTY AUDITOR-CONTROLLER  
ATTN: PROPERTY TAX  
ROOM 300, COUNTY GOVERNMENT CENTER  
SAN LUIS OBISPO, CA 93408

TAX\MISC\PENCODE.LTR2