



Clerk of the Board of Supervisors
CLAIM FOR REFUND OF TAXES AND/OR PENALTIES PAID
(Revenue & Taxation Code Sec 5096, et seq)

(Internal Use Only)

Darlene J. Bloom, CCB
 Clerk of the Board
 333 W. Santa Ana Blvd., Suite 465
 Santa Ana, CA 92701

www.ocgov.com/cob/default.asp
 (714) 834-2206

*Please type or print clearly and sign in **Blue Ink***

Section 1: Name and Mailing Address of claimant

Claimant Name: _____
 (First) (MI) (Last)

Agent Name: _____
 (If applicable) (First) (MI) (Last)

Mailing Address: _____
 (Street Address / PO Box) (Unit)

 (City) (State) (Zip)

Phone No. : (_____) _____ - _____ Email.: _____

Check 1 box ONLY: Refund for Overpayment of Taxes Paid - **Go to section 2**
 Refund of Penalties for Late Payment of Taxes Paid - **Go to section 3**

Section 2: Refund for Overpayment of Taxes Paid:

I disagree with the decision of the Assessment Appeals Board. Enter the Application Number in **Section 4** below

I overpaid my taxes on the above referenced property.

Partial Refund Full Refund

Go to Section 4 Referenced Assessor's Parcel Number(s) or Bill Number(s)

Section 3: Refund of Penalties for Late Payment of Taxes Paid:

Penalty was applied in error on the below referenced Assessor's Parcel No. or Bill No. (Section 4).

Go to Section 4 Referenced Assessor's Parcel Number(s) or Bill Number(s)

Section 4: Referenced Assessor's Parcel Number(s) or Bill Number(s):

No.	Appeal No.	Property ID / Assessment No	Tax Year	Claim Amount: (\$)
1				
2				
3				
4				
5				

Backup Documentation is provided Total Claim Amount: \$ _____ More properties

Reason for Claim for refund: _____

I certify under penalty of perjury that the foregoing is true and correct.

Executed at: _____, this _____ day of _____, 20__

 Print Name

 Signature

