



Payment on Wrong Parcel Request Form

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone Number	
E-Mail Address	

Unintended Property Information (Taxes were mistakenly paid on or applied to)

Year:		Parcel Number:	
Assessee:			
Address:			
First Installment Paid On:		Amount Paid:	
Second Installment Paid On:		Amount Paid:	
Total Amount Paid:			

Note: If total amount paid is less than the total amount due on the INTENDED property, the remaining balance must be paid before the transfer is made.

Intended Property Information (Taxes should have been paid on or applied to)

Year:		Parcel Number:	
Assessee:			
Address:			

Explanation

Please write a detailed explanation of how the taxes were mistakenly paid on or applied to the unintended property

Signature

By submitting this application, I certify or declare under penalty of perjury that the facts set forth in it are true and complete.

Signature: _____ Date: _____

Please sign the form and mail it to:

Orange County Treasurer-Tax Collector
11 Civic Center Plaza
P.O. Box 1438
Santa Ana, CA 92702
Attn: Redemption