

REFUND CLAIM

I am an eligible recipient, or the authorized legal representative of an eligible recipient, who was an owner of the property identified above on the ownership date noted ("Claimant"). Claimant claims a refund of surplus funds as specified below.

CLAIM FOR REFUND OF TAXES

Name of Payor: _____

Payor's Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Assessment Number: _____

Date Paid: _____
Month/Day/Year

I certify or declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Executed at: _____ on _____
(City, County or State) (Date)

(Signature)

MAIL THE ENTIRE COMPLETED FORM TO:

JEFFERY M. WOLTKAMP, CPA
Auditor-Controller
44 N. San Joaquin Street, Suite 550
Stockton, CA 95202-2925