



Finance Department
Revenue Collection Division

Rev. April 2013

Claim For Refund of Money Paid

CLAIMANT'S NAME: _____

CLAIMANT'S COMPLETE ADDRESS: _____

SEND NOTICES TO: _____

(Include complete name and address of Attorney or Insurance Agent if representing Claimant.)

TELEPHONE NUMBER(S):	
AMOUNT OF PAYMENT:	
DATE OF PAYMENT:	
TYPE OF PAYMENT	Fee: _____ Tax: _____ Assessment: _____ Other: _____
DOLLAR AMOUNT OF CLAIM	\$ _____ If claim is over \$10,000, state name of court jurisdiction (Limited Jurisdiction case: up to \$25,000; Unlimited Jurisdiction case: over \$25,000) (See Govt. Code section 910(f))
PROPERTY ADDRESS or PARCEL #	_____ _____
SPECIFIC REASONS FOR REFUND (e.g., computational error, measurement error, classification error, etc.) (Be specific. Attach diagram(s), calculations, & any other supporting documentation.)	_____ _____ _____ _____

Dated: _____ Signature of Claimant

MAIL OR DELIVER TO:
City of Berkeley
Finance-Revenue Collection
1947 Center Street, First Floor
Berkeley, CA 94704
ATTN: Claim for Refund
(510) 981-7200

 Printed Name

You are required to provide the information requested above in order to comply with Government Code section 910.
Warning: Presentation of a false claim is a felony (Penal Code section 72). Pursuant to CCP sections 128.5 and 1038, the City may seek to recover all costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.

For Office Use Only: Reviewed By: _____ Date Received: _____