



Finance Department
Revenue Collection Division

Rev May 2007

Claim for Overpayment of Real Property Transfer Tax

CLAIMANT'S NAME: _____

CLAIMANT'S COMPLETE ADDRESS: _____

SEND NOTICES TO: _____

TELEPHONE NUMBER(S)	
FULL VALUE OF CONSIDERATION	
REAL PROPERTY TRANSFER TAX PAID	
DATE OF TRANSFER TAX PAYMENT	
DOLLAR AMOUNT OF CLAIM	\$ _____
PROPERTY ADDRESS or PARCEL #	
DATE OF RECORDATION	
ALAMEDA COUNTY RECORDER'S #	
REASONS FOR REFUND	TRANSFER TAX REFUND
I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	

Dated: _____

Signature of Claimant _____

MAIL OR DELIVER TO:

City of Berkeley
Finance Customer Service
1947 Center Street, 1st Floor
Berkeley, CA 94704
ATTN: Transfer Tax 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: _____