



CLERK, BOARD OF SUPERVISORS

CLAIM FOR REFUND OF TAX PAYMENTS OR DISPUTE OF ASSESSED PENALTIES BEFORE THE HEARING OFFICER

(Revenue & Taxation Code Sec 5096, Et Seq. and Alameda County Administrative Code section 2.116.060)

Claims must be **filed in duplicate** and returned to: **Clerk, Board of Supervisor's Office Attn: Donna Brown
1221 Oak Street, Suite 536, Oakland, CA 94612**

- 1) **Taxes must be paid prior to filing a claim for refund.** Please attach a copy of your tax bill and proof of payment with this form.
- 2) If filing to **dispute assessed penalties** for failure to file a Change of Ownership Statement, please be informed that the penalties will continue to compound until the matter is resolved. It is recommended that taxes be paid prior to filing.
- 3) If filing a **Cancellation or Refund of Delinquent Penalty** for failure to pay your taxes timely, you must **contact the Tax Collectors at (510) 272-6800 for the appropriate form.**

(Please type or print clearly using **Blue Ink**)

Applicant Name: _____ / _____
Last First Middle Address: Street No. City/State/Zip

Phone No(s) Work: () _____ **Home:** () _____

Property Address: _____

Assessor's Parcel Number: _____ **Date of Tax Payment (if applicable):** _____

Acct#(s): _____

Tracer/Acct #(s) of bills sought to be refunded _____

I am filing the following type of appeal (***check only one***):

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Parent/Child Exclusion | <input type="checkbox"/> Other Ownership Transfers | <input type="checkbox"/> Base Value Transfers | <input type="checkbox"/> Doc. Transfer Tax |
| <input type="checkbox"/> Homeowner Exemption | <input type="checkbox"/> Other Exemption | <input type="checkbox"/> Overpayment of Taxes | <input type="checkbox"/> Business License |
| <input type="checkbox"/> Possessory Interest (non-value) | <input type="checkbox"/> Cancellation of Penalty for Failure to File Change of Ownership Statement | | |
| <input type="checkbox"/> Legal Entity Ownership Program (LEOP) Date of LEOP Notice _____ | | | |

I request a ***Refund of Taxes*** in accordance with this application for:

Fiscal Year(s) _____ **in the amount of \$** _____

I (we) claim that the: Whole Assessment Partial Assessment for the year(s) as shown above is (are) void for the following reason(s): _____

(Please use the reverse side of this form if additional space is needed to state your reason(s). You may also attach supportive documents.)

I state under penalty of perjury of the State of California that the foregoing is true and correct to the best of my knowledge and that I am (CHECK ONE): the person who paid the tax; the executor of the person who paid the tax; the administrator of the person who paid the tax; the guardian of the person who paid the tax; the person who is disputing the assessed penalty. If the person who paid the tax is a legal entity, I am an officer of that entity duly and legally authorized to execute this document on behalf of the entity and my title is _____, executed on this date _____ in the County of _____, State of _____

Print Name: _____ **Signature:** _____ **Date** _____