



# 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) <b>Date of LEOP Notice</b> _____ |  |   |  |

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: \_\_\_\_\_