COB Ref No.



Clerk of the Board of Supervisors

CLAIM FOR REFUND OF TAXES AND/OR PENALTIES PAID (Revenue & Taxation Code Sec 5096, et seq)

Darlene J. Bloom, CCB

www.ocgov.com/cob/default.asp

(714) 834-2206

Clerk of the Board 333 W. Santa Ana Blvd., Suite 465 Santa Ana, CA 92701

Name and Mailing Address of claimant		
_		
Claimant:Last	First	Middle
Agent Name: (If applicable)		
Address: Mailing Address		City/ST/Zip
Phone No.:()		
Affected Property:Orange County Assess	sor's Parcel Number(s) AND/OR Ta	x Bill Assessment Number(s)
2 Refund for Overpayment of Taxes Pair		
☐ I disagree with the decision of the Ass	sessment Appeals Board. App	lication No(s)
☐ I overpaid my taxes on the above refe	renced property.	
Partial Refund Full Refund	For Tax Years	to
Taxes were incorrectly collected for the fo		
☐ Backup documentation is provided	Estimated Amount of Clain	n: \$
3 Refund of Penalties for Late Payment	of Taxes Paid:	
Penalty was applied in error on the ab	ove referenced property/bill.	Amount of Claim: \$
☐ Backup Documentation is provided	For Tax Years	to
Penalty was incorrectly collected for the fo	ollowing reason:	
I certify under penalty of perjury that the fe	orgoing is true and correct.	
Executed at:	California, thisday of	, 20
Print Name		Signature

INSTRUCTIONS

If you feel you are entitled to a refund of taxes and/or penalties paid under Revenue and Taxation Code Section 5096, et seq, you are required to complete this form and file it with the Clerk of the Board of Supervisors. You MUST pay your taxes or penalty prior to filing this claim. Once you have completed this form, mail or personally deliver it and all relevant evidence to:

Clerk of the Board of Supervisors ATTN: Claims Division 333 W. Santa Ana Blvd. Suite 465 Santa Ana, CA 92701

Section 1

Type or print the name of the claimant, the agent or attorney (if applicable) and the mailing address you want all correspondence mailed. Provide telephone numbers where you can be easily reached if there is a question about your claim. Be sure to properly identify the affected property. Provide the Assessor's Parcel Number(s) which is available on all correspondence from the Assessor and/or the Tax Bill Assessment Number(s).

Section 2 - Refund of Property Taxes Only

If you are requesting a refund of Property Taxes paid, you must complete this section.

- Check the box(es) that apply
- Fill in the appropriate application number(s), if applicable
- Check the appropriate box for the type of refund (partial or full)
- Fill in the tax years
- Be sure to adequately identify your reason(s) for filing this claim and include all evidence to support your claim.
- Once you have completed this section, sign the claim form under penalty of perjury and return the completed form and accompanying documentation to the Clerk of the Board at the address shown above.

Section 3 – Refund of Penalty(ies) for Late Payment of Taxes Only

If you are requesting a refund of Penalties paid, you must complete this section.

- Check the box(es) that apply
- Fill in tax years and amount of claim
- Be sure to adequately identify your reason(s) for filing this claim and include all evidence.
- Once you have completed this section, sign the claim form under penalty of perjury and return the completed form and accompanying documentation to the Clerk of the Board at the address shown above.

Signature

All claims must be signed by the claimant or claimant's agent. If signed by the Claimant's agent, be sure to print your name clearly. Signatures should be in blue ink to easily identify original claims.

If you have any questions, contact the Clerk of the Board at (714) 834-2206.