

**OFFICE OF THE CITY CLERK
City of Los Angeles
Claim for Refund Form**

Please mail the original signed form to (copies and faxes not accepted):

Address: Office of the City Clerk
200 North Spring Street
Room 395, City Hall
Los Angeles, CA 90012

Hours: 7:30am - 5:00pm, Monday-Friday
Phone: 213-978-1133

You may also bring the form to our Public Counter at the above address during regular business hours.

Reminder: Please make a copy for your own records.

DISTRIBUTION:

ORIG. — City Council
DUP. — Controller (Approved)
TRIP. — Claimant

CITY OF LOS ANGELES
CLAIM FOR REFUND OVER \$5000

Sec. 22.12 Los Angeles Municipal Code

RESERVE FOR FILING STAMP

CLAIM NO. _____

NOTE: A Claimant may be required to submit to examination under oath. (Charter Section 217.)
Presentation of a false claim is a felony. (California Penal Code Section 72.)

TO: CITY CLERK, Room 395, City Hall, Los Angeles 90012

1. PRINT NAME OF CLAIMANT (Last) (First) (Middle)

2. BUSINESS ADDRESS (Street) (City) (State)

3. MAILING ADDRESS (Street) (City) (Zip Code) 4. PHONE NO.

5. CITY DEPARTMENT TO WHICH PAYMENT WAS MADE 6. DATE PAID 7. AMOUNT CLAIMED
\$

8. STATE WHETHER RECEIPT, LICENSE OR PERMIT, ENTER NO. AND ATTACH

9. LOCATION OF JOB

10. REASONS FOR FILING CLAIM (Use Supplementary sheets if necessary)

STATE OF CALIFORNIA }
County of Los Angeles } ss.

_____, being duly sworn, deposes and says:
that _____ are he_____ is the claimant(s) in the above-entitled claim; that _____ have he_____ has read the foregoing claim and _____ sheets attached
thereto, know(s) the contents thereof, and that the same is true of _____ own knowledge, except as to the matters which are therein stated on
information or belief, and as to those matters that _____ he_____ believe(s) it to be true.

SIGNATURE AND TITLE OF CLAIMANT

DATE

SUBSCRIBED AND SWORN TO BEFORE ME

SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC

this _____ day of _____ 20__