



# Claim for Refund of Money Paid

You are required to provide the information requested below in order to comply with Government Code Section 910.

**Warning:** Presentation of a false claim is a felony (Penal Code Section 72). Pursuant to California Code of Civil Procedure 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.

Claimant Name: \_\_\_\_\_

Claimant's Complete Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Send Notices To: \_\_\_\_\_

(Include complete name and address of Attorney or Insurance Agent if representing Claimant.)

Telephone Number(s)	
Email Address	
Claim Amount	
Payment Date*	
Payment Type	Fee: <input type="checkbox"/> Tax: <input type="checkbox"/> Assessment: <input type="checkbox"/> Other: <input type="checkbox"/>
Property Address or Parcel Number	
Please indicate specific reasons for refund request (e.g., computation error, overpayment, classification error, etc.)	
Attach receipts, calculations, and any other supporting documentation	

\*Claims must be filed within one (1) year of payment of taxes and/or fees. Allow 4-6 weeks for processing time.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**MAIL OR DELIVER TO:**

City of Berkeley  
ATTN: Claim for Refund  
Finance/Revenue Collection  
1947 Center Street, 1st Floor  
Berkeley, CA 94704

**For Official Use Only: Reviewed By:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

Form: FINRC-Refund  
Revised: 5/25