

OFFICE OF THE CITY CLERK

City of Los Angeles

Claim for Refund Form

(Not Over \$5,000)

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: 8:00 am to 4:30 pm, 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.—Dept.
DUP.—Controller
TRIP.—Claimant

CITY OF LOS ANGELES CLAIM FOR REFUND NOT OVER \$5000

Sec. 22.13 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. LICENSE, PERMIT NO. OR OTHER INFORMATION		
9. LOCATION OF JOB		

10. STATE THE DETAILS OF THE EVENTS LEADING TO THE FILING OF THIS CLAIM. Eg. date, time, place, name, type of contact, etc. Use supplementary sheets if necessary.

11. I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE 12. SUBSCRIBED AND SWORN TO BEFORE ME	SIGNATURE AND TITLE OF CLAIMANT	DATE
	SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC	
this day of 20__		

DEPARTMENTAL RECOMMENDATION

APPROVED AS REQUESTED APPROVED AS MODIFIED DISAPPROVED

FUND PAYABLE FROM	AMOUNT APPROVED \$
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REMARKS

NAME AND TITLE OF PERSON MAKING RECOMMENDATION	NAME AND TITLE OF PERSON AUDITING CLAIM
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DEPARTMENT HEAD	BY	DATE
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