



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

Darlene J. Bloom
Clerk of the Board
10 Civic Center Plaza, Suite 465
Santa Ana, CA 92701

www.oc.ca.gov/cob/
(714) 834-2206

Gangloff, Gangloff & Pool
Class Action

Please fax or mail a copy for our records to:
Fax: 562-920-9557
Mail: 16600 Woodruff Ave., Suite 215
Bellflower, CA 90706

1. *Please type or print clearly and sign in Blue Ink*

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 Assessor's **Parcel** Number(s) **AND/OR** Tax Bill Assessment Number(s)

2. Refund for Overpayment of Taxes Paid:

I disagree with the decision of the Assessment Appeals Board. Application No(s) _____

I overpaid my taxes on the above referenced property.

Partial Refund Full Refund For Tax Year _____ to _____

Taxes were incorrectly collected for the following reasons: _____

Backup documentation is provided Estimated Amount of Claim: \$ _____

3. Refund of Penalties for Late Payment of Taxes Paid:

Penalty was applied in error on the above referenced property/bill.

Penalty was incorrectly collected for the following reason: _____

Backup Documentation is provided Amount of Claim: \$ _____

I certify under penalty of perjury that the forgoing is true and correct.

Executed at: _____, California, this _____ day of _____, 20____

Print Name

Signature