

Gangloff, Gangloff & Pool
Class Action
16600 Woodruff Ave.,
Suite 215
Bellflower, CA 90706
562-920-5853

COUNTY OF SAN BERNARDINO
AUDITOR - CONTROLLER

"CLAIM FOR REFUND OF PROPERTY TAXES"

(See Instructions On Back)

- 1 Assessee _____
- 2 Claimant Name _____
3. Claimant Mailing Address _____

4. Area Code (_____) Telephone: _____
5. Secured MapBook _____ Pg _____ Pcl _____ Yr/Seq _____ TRA _____
Unsecured Bill# _____ Yr/Seq _____ TRA _____
6. Situs address _____

7. Reason for refund claim: _____

8. Amount of tax claim: \$ _____
9. Amount of penalty claim: \$ _____
10. Total amount of claim: \$ _____
11. Proof of payment enclosed

STATE OF CALIFORNIA) ss
COUNTY OF SAN BERNARDINO)

I hereby certify and declare under penalty of perjury that the foregoing is true and correct that the tax amount sought to be refunded was paid within four years prior to filing this demand; that the amounts herein claimed are correct and no part thereof has heretofore been refunded to this claimant or to any other person for his benefit; and, if acting on behalf of a corporation, that I am duly authorized to act on their behalf, and that the title shown is true and correct.

12. Signature: _____ Date _____

13 Title (if applicable) _____

If claim is for a company, person signing must show title (see reverse side for further instructions)

THIS FORM IS TO BE SIGNED, DATED AND RETURNED WITH PROOF OF PAYMENT FOR THE TAX YEAR(S) FOR WHICH REFUND IS CLAIMED TO:

Auditor-Controller, Tax Division

California Clerk of the Board

J. Renée Bastian
Clerk, Board of Supervisors
385 N. Arrowhead Avenue, 2nd Floor
San Bernardino, CA 92405
(909) 387-3843 FAX: (909) 387-4554