

**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.—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  this                      day of                      20__	SIGNATURE AND TITLE OF CLAIMANT	DATE
	SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC	

**DEPARTMENTAL RECOMMENDATION**

APPROVED AS REQUESTED       APPROVED AS MODIFIED       DISAPPROVED

FUND PAYABLE FROM	AMOUNT APPROVED \$
-------------------	-----------------------

REMARKS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME AND TITLE OF PERSON MAKING RECOMMENDATION	NAME AND TITLE OF PERSON AUDITING CLAIM
--	---

DEPARTMENT HEAD	BY	DATE
-----------------	----	------