



**PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER**

County Clerk-Recorder
P.O. Box 751
Riverside, CA 92502-0751
(951) 486-7000
www.rivcoacr.org

RECORDER'S OFFICE

CLAIM FOR REFUND ON OVERPAYMENT OF REAL PROPERTY TRANSFER TAX

The undersigned certifies that payment of Real Property Transfer Tax in the amount of \$ _____ has been made to the County of Riverside.

_____	_____	_____	R# _____
Type of document (Copy must accompany claim)	Recording Date	Document Number	Receipt Number

Under Revenue and Taxation Code, Sec. 11934, a refund of \$ _____ is requested.

1. Full Value of Property	\$ _____	2. Tax Affixed	\$ _____
Less Liens + Encumbrances	\$ _____	Correct Tax	\$ _____
Net Taxable	\$ _____	less \$ 50.00 fee	(\$50.00)
		to be refunded	\$ _____

3. Explanation: _____

Sections 1, 2 and 3 must be completed or refund request will be denied.

I hereby certify, under penalty of perjury, that I/We am/are the payer of the above fee.

MAKE CHECK PAYABLE TO: _____
ADDRESS: _____
CITY, STATE, AND ZIP CODE: _____
PHONE NUMBER: _____
DATE: _____
NAME OF CLAIMANT: _____ **SIGNATURE:** _____

FOR RECORDER USE ONLY	
IT IS RECOMMENDED THAT THIS REQUEST BE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	VENDOR #: _____ ACCOUNT #: 781120 DEPTID #: 1200200000
BY: _____ DATE: _____	