

Telephone: (559) 636-5280 Fax: (559) 730-2532

CLAIM FOR PROPERTY TAX REFUND PURSUANT TO REVENUE AND TAXATION CODE, SECTION 5097

- 1. I, THE UNDERSIGNED, AM THE PARTY WHO PAID THE TAX FOR WHICH CLAIM FOR REFUND IS HEREIN MADE.
- 2. THIS CLAIM IS FILED:
 - a. WITHIN FOUR YEARS OF PAYMENT OF THE TAX, OR WITHIN ONE YEAR OF THE POSTING OF THIS NOTICE PER TAXATION CODE, SECTION 2635
- 3. THE TAX FOR WHICH CLAIM FOR REFUND IS HEREIN MADE WAS PAID ON: N/A
- 4. THIS CLAIM FOR REFUND IS FILED, PURSUANT TO REVENUE AND TAXATION CODE SECTION 5096, IN THAT THE TAX WAS REDUCED DUE TO AUDITOR OR ASSESSOR'S ROLL CORRECTION.

THE TAX WAS REDUCED DUE TO AUDITOR OR ASSESSOR'S R	OLL CORRECTION.
ASSESSMENT NOBOO	C NO:
5. THE AMOUNT CLAIMED IS: \$	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT	THE FOREGOING IS TRUE AND CORRECT.
EXECUTED ON THE DATE OF Month and Day	20
NOTE: YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE	CLAIM IS OVER \$500.
SIGNATURE:	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
PRINTED NAME:	
MAILING ADDRESS:	County of)
CITY, STATE, ZIP:	On
PHONE NUMBER:	
COMPANY (if applicable):	
If the mailing address for the refund and the tax roll address are not the same, you will be requested to provide proof of payment.	instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
RETURN CLAIM FORM TO: COUNTY OF TULARE - AUDITOR DEPT PROPERTY TAX ACCOUNTING DIVISION 221 S. MOONEY BLVD RM 101E VISALIA CA 93291-4545	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.
	Digitative (Dear)