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.
CITY OF LOS ANGELES
CLAIM FOR REFUND NOT OVER $5000
Sec. 22.13 Los Angeles Municipal Code

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

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