



CITY OF SAN DIEGO
SPECIAL ASSESSMENT REFUND CLAIM FORM

Please fill out this claim form to the best of your ability and present by personal delivery or mail to the City of San Diego, Economic Development Dept., 1200 Third Ave., Suite 1400, San Diego, CA 92101.

To be filled out by City:
Received via:
[] U.S. Mail
[] Inter-Office Mail
[] Over-the-Counter
TIME STAMP
FILE No. _____

If you wish to claim a refund for a City of San Diego property-based special assessment, please complete this claim form and return it to the Economic Development Department at the address above. The refund claim will be verified and, if valid, a refund will be issued to the claimant listed below.

NAME OF CLAIMANT: _____

SOCIAL SECURITY NUMBER/
TAXPAYER IDENTIFICATION NUMBER: _____

ASSESSOR PARCEL NUMBER (APN): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

- 1. Please state the grounds upon which you are claiming the refund and attach all required identification and supporting documentation to your claim. Please refer to the attached instructions for further details. Failure to provide the required documents may result in the claim being denied and returned to the sender. As a result, Claimants are requested to provide as much information as possible in order to expedite our review process and to substantiate the Claimant's right to the unclaimed refund. _____

2. I hereby state that Claimant paid a property-based special assessment in the amount of _____ Dollars (\$ _____), on _____ [date, to the best of your ability] as property owner located in the _____ [special assessment district].

3. Claimant is seeking a refund in the amount of _____ [please indicate if Claimant is seeking a refund for the entire assessment(s) paid, or if only a portion, what portion]

[If claiming a refund for multiple payments in the same special assessment district, please attach a separate document stating, to the best of your ability, the information sought in Nos. 1-3 above for each payment.]

WARNING: It is a criminal offense to file a false claim (Cal. Penal Code § 72).

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters, I believe the same to be true. I certify under penalty of perjury that the foregoing is true and correct.

DATE : _____

SIGNATURE: _____

PRINTED NAME: _____

AT (City or Town): _____

TITLE (if applicable): _____

COMPANY (if applicable): _____

Claim Instructions and Information

1. GUIDELINES OUTLINING WHO IS AUTHORIZED TO SIGN THE CLAIM FORM

- A. Individual. If the payee named on the claim form is an individual, that person must sign the claim form. If there are multiple payees listed on the refund, then each must sign the claim form.
- B. Corporation. If the requested refund is payable to a corporation (including non-profit corporate structures), the claim form must be signed by an officer of the corporation.
- C. Partnership. If the requested refund is payable to either a General Partnership or a Limited Partnership, then the claim form must be signed by a General Partner of the organization. A Limited Partner is approved to sign the claim form only if that person has been specifically authorized by the partnership to participate in the control and management of the business.
- D. Limited Liability Company. If the requested refund is payable to a Limited Liability Company, the claim form must be signed by a Managing Member of the organization. A Manager is approved to sign the claim form only if that person has been specifically authorized by the membership to participate in the control and management of the business.
- E. Sole Proprietorship. If the requested refund is payable to a Sole Proprietorship, the claim form must be signed by the owner of the business.
- F. Government Agency. If the requested refund is payable to a Government Agency, the claim form must be signed by an officer of the agency.
- G. Trust. If the requested refund is payable to a Trust, the claim form must be signed by each individual who has been appointed as a trustee. Required supporting documentation includes a copy of the Trust Agreement that gives the names of each trustee.
- H. Estate/Deceased Payee. If the requested refund is payable to a deceased individual or to the estate of a deceased person, the claim form must be signed by either the executor or the administrator of the estate. Required supporting documentation includes a copy of the Death Certificate and evidence of appointment as executor or administrator.

2. REQUIRED SUPPLEMENTAL DOCUMENTATION

A. PROOF OF OFFICER'S TITLE

If the requested refund is payable to an organization, rather than an individual, evidence to substantiate the signor's position within the organization must be provided. Examples of such evidence include the following: a business card displaying the officer's title, a partnership agreement, articles of organization, etc.

B. PROOF OF ACQUISITION (OR MERGER)

If the requested refund is payable to a company that has since been acquired by (or merged with) another company, the acquiring company must provide legal evidence of such acquisition (or merger).

C. POWER OF ATTORNEY

If the payee utilizes a third-party agent (such as an asset recovery company) to file a claim, a notarized Power of Attorney must be submitted to the County and signed by the same person who signed the claim form.

3. CLAIM SUBMISSION AND REVIEW

The completed claim form, required identification, and supplemental information should be mailed or delivered to:

Economic Development Department
1200 Third Avenue, Suite 1400
San Diego, CA 92101

QUESTIONS?

If you have any questions regarding a claim or the submission of a Special Assessment Refund claim form, please call Steve Bal at (619) 236-6493 for further assistance.