



Please fill out this claim form to the best of your knowledge and present by personal delivery or mail to the following address:

**City of San Diego, Economic Development Department
1200 Third Ave., Suite 1400
San Diego, CA 92101**

<i>To be filled out by City:</i>	
Received via:	TIME STAMP
U.S. Mail	FILE No.
Inter-Office Mail	
ve Over-the-Counter	

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 supplemental documents may result in the claim being denied an 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.

Date of parcel sale:

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

3. Claimant is the current Record Owner or authorized representative of the current Record Owner of the parcel(s) identified below. Claimant has attached to this form a copy of a government-issued ID (such as a state-issued driver's license or identity card or federal passport book or passport card). If applicable, Claimant has also attached copies of any documents that demonstrate their role as authorized representative of the Record Owner, such as Trust documents, Articles of Organization or Incorporation, Operating Agreement, or business card.

OR

Claimant paid the special assessment as the Record Owner, or authorized representative of the Record Owner, and no longer owns the parcel(s) identified above, pursuant to a conveyance by Document #20 - _____ recorded on _____, 20 _____ in the Official Records of the San Diego County Recorder's Office, a copy of which is attached to this form.

4. 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 knowledge, 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 PARCEL SALE

If a refund is requested for a parcel in a special assessment district, **evidence to substantiate the sale and date of sale by the claimant must be provided.**

2. REQUIRED SUPPLEMENTAL DOCUMENTATION (Continued)

B. 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.

C. 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).

D. 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 Ave., Suite 1400
San Diego, CA 92101

QUESTIONS?

If you have any questions or need further assistance regarding a claim or the submission of a Special Assessment Refund claim form, please contact:

Elizabeth Studebaker
Assistant Deputy Director
City of San Diego, Economic Development Department
estudebaker@sandiego.gov | 619-533-4561