

DISTRIBUTION:

ORIG. — City Council  
DUP. — Controller (Approved)  
TRIP. — Claimant

CITY OF LOS ANGELES  
**CLAIM FOR REFUND OVER \$5000**

Sec. 22.12 Los Angeles Municipal Code

RESERVE FOR FILING STAMP

CLAIM NO. \_\_\_\_\_

**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. STATE WHETHER RECEIPT, LICENSE OR PERMIT, ENTER NO. AND ATTACH

9. LOCATION OF JOB

10. REASONS FOR FILING CLAIM (Use Supplementary sheets if necessary)

STATE OF CALIFORNIA }  
County of Los Angeles } ss.

\_\_\_\_\_, being duly sworn, deposes and says:  
that \_\_\_\_\_ are he\_\_\_\_\_ is the claimant(s) in the above-entitled claim; that \_\_\_\_\_ have he\_\_\_\_\_ has read the foregoing claim and \_\_\_\_\_ sheets attached  
thereto, know(s) the contents thereof, and that the same is true of \_\_\_\_\_ own knowledge, except as to the matters which are therein stated on  
information or belief, and as to those matters that \_\_\_\_\_ he\_\_\_\_\_ believe(s) it to be true.

SIGNATURE AND TITLE OF CLAIMANT

DATE

SUBSCRIBED AND SWORN TO BEFORE ME

SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_