Form Gen. 64—(Rev. 1-79)
DISTRIBUTION:
ORIG.—Dept.
DUP.—Controller
TRIP.—Claimant

# CITY OF LOS ANGELES
# CLAIM FOR REFUND NOT OVER $5000
**Sec. 22.13 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. 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

this day of 20__

SIGNATURE AND TITLE OF CLAIMANT | DATE

SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC

## 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