

County of Santa Clara

Finance Agency

Department of Tax and Collections
70 West Hedding Street, East Wing, 6th Floor
San Jose, California 95110
www.sccdtac.org



PROPERTY TAX REFUND CLAIM FORM

I _____, hereby certify that I am the legal owner of the
Claimant's Name

property tax refund as listed for ASSESSOR'S PARCEL NUMBER (APN) or

ASSESSMENT NUMBER _____ in the amount of \$ _____.

Please provide the following:

Photocopy of a government issued photo ID

Proof of prior ownership for the above APN

Notarized limited power of attorney, if claiming on behalf of the payee. Please note that the name of the payee will not change.

By signing below, I state that I am the rightful owner of the monies mentioned above. In consideration of the payment of this claim, I will reimburse to the Department of Tax and Collections the amount due to any additional persons who are entitled to these funds. I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Claimant's Signature Payee Name Phone Number Date

Address City, State, and Zip Code Email Address

Please mail the form to: Department of Tax & Collections
Attn: Fiscal Division—Property Taxes
70 West Hedding Street, East Wing, 6th Floor
San Jose, CA 95110

The claim review process may take 45-60 days based on the volume received. If you have any questions, please contact the Fiscal Division via email at dtac-prop-refunds@fin.sccgov.org or call 408-808-7949.