



**PETER ALDANA
COUNTY OF RIVERSIDE
ASSESSOR-COUNTY CLERK-RECORDER**

County Clerk-Recorder
P.O. Box 751
Riverside, CA 92502-0751
(951) 486-7000

Website: www.riversideacr.com

CLAIM FOR REFUND

The undersigned declares that payment in the amount of \$_____ has been made to the County of Riverside for the following:

Date: _____ **Doc. # if applicable:** _____ **Receipt#** _____

A refund in the amount of \$_____ is requested.

Explanation (For refund requests for SB2-\$75, an exemption reason listed below must be marked):

Pursuant to Government Code 27388.1

- This is a document not related to real property.
- This document is a transfer of real property that is a residential dwelling to an owner-occupier.
- Pursuant to Government Code 27388.1, the document is recorded in connection with a transfer that is subject to the imposition of documentary transfer tax. **Document Reference#** _____
- The document is in connection with a transfer of real property that is a residential dwelling to an owner-occupier. **Document Reference#** _____
- The maximum amount of \$225.00 was exceeded. **Document Reference#** _____ and applicable **Receipt#** _____
- This document is executed by the federal government in accordance with the Uniform Federal Lien Registration Act.
- This document is executed by the state, county, municipality, or other political subdivision.
- This document is recorded by _____, in association to the federal government, the state, county, municipality, or other political subdivision.

I hereby certify, under penalty of perjury, that I/We am/are the payer of the above fee.

MAKE CHECK PAYABLE TO: _____

ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

PHONE NUMBER: _____

DATE: _____

NAME OF CLAIMANT: _____ **SIGNATURE:** _____

FOR RECORDER USE ONLY	
IT IS RECOMMENDED THAT THIS REQUEST BE: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED BY: _____ DATE: _____	VENDOR #: _____ ACCOUNT #: _____ DEPTID #: _____