



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

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

***CLAIM FOR REFUND***

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

**Type of document** \_\_\_\_\_

**Receipt number** \_\_\_\_\_ **Date** \_\_\_\_\_ **Doc. # if applicable** \_\_\_\_\_

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

**EXPLANATION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify, under penalty of perjury, that the facts stated above are true and correct.  
No previous claim for refund has been submitted.

**NAME OF CLAIMANT:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP CODE** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR RECORDER DEPT. USE ONLY**  
IT IS RECOMMENDED THAT THIS REQUEST BE:

RIVERSIDE COUNTY CLERK-RECORDER

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_