



**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](http://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: \_\_\_\_\_

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

Explanation (If requesting a refund for SB2-\$75, an exemption reason must be marked):

\_\_\_\_\_  
\_\_\_\_\_

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 #: \_\_\_\_\_

Pursuant to Government Code 27388.1, the document is in connection with a transfer of real property that is a residential dwelling to an owner-occupier.

Document Reference #: \_\_\_\_\_

Pursuant to Government Code 27388.1, the maximum amount of \$225.00 was exceeded.

Document Reference #: \_\_\_\_\_

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

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

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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

FOR RECORDER DEPT. USE ONLY

IT IS RECOMMENDED THAT THIS REQUEST BE:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ BY: \_\_\_\_\_ Date: \_\_\_\_\_