



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

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

**RECORDER'S OFFICE**

**CLAIM FOR REFUND ON OVERPAYMENT OF REAL PROPERTY TRANSFER TAX**

The undersigned certifies that payment of Real Property Transfer Tax in the amount of \$ \_\_\_\_\_ has been made to the County of Riverside.

_____	_____	_____
Type of document	Document Number	Recording Date

(Copy must accompany claim)

Under Revenue and Taxation Code, Sec. 11934, a refund of \$ \_\_\_\_\_ is requested.

1. Full Value of Property	\$ _____	2. Tax Affixed	\$ _____
Less Liens + Encumbrances	\$ _____	Correct Tax	\$ _____
Net Taxable	\$ _____	less \$ 50.00 fee	(\$50.00)
		to be refunded	\$ _____

3. Explanation: \_\_\_\_\_

**Sections 1, 2 and 3 must be completed or refund request will be denied.**

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

Date: \_\_\_\_\_

Signature of claimant: \_\_\_\_\_  
*Must represent original payer*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**FOR RECORDER DEPT. USE ONLY**

**RIVERSIDE COUNTY RECORDER**

It is recommended that this request be:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_