Form Gen. 64—(Rev. 1-79)
DISTRIBUTION:
ORIG.—Dept.
DUP.—Controller
TRIP.—Claimant

CITY OF LOS ANGELES
CLAIM FOR REFUND NOT OVER $5000
Sec. 22.13 Los Angeles Municipal Code

RESERVE FOR FILING STAMP

CLAIM NO. _____

NOTE: A Claimant may be required to submit to examination under oath. (Charter Section 63.) Presentation of a false claim is a felony. (California Penal Code Section 72.)

TO: CITY CLERK, Room 395, City Hall, Los Angeles 90012

1. PRINT NAME OF CLAIMANT (Last) (First) (Middle)

2. BUSINESS ADDRESS (Street) (City) (State)

3. MAILING ADDRESS (Street) (City) (Zip Code)

4. PHONE NO.

5. CITY DEPARTMENT TO WHICH PAYMENT WAS MADE
Public Works/Sanitation/IWMD (Stop 911)

6. DATE PAID

7. AMOUNT CLAIMED
$

8. LICENSE, PERMIT NO. OR OTHER INFORMATION

9. LOCATION OF JOB

10. STATE THE DETAILS OF THE EVENTS LEADING TO THE FILING OF THIS CLAIM. Eg. date, time, place, name, type of contact, etc. Use supplementary sheets if necessary.

MUST BE NOTARIZED

11. I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE

12. SUBSCRIBED AND SWORN TO BEFORE ME

this day of 19

SIGNATURE AND TITLE OF CLAIMANT

DATE

SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC

DEPARTMENTAL RECOMMENDATION

☐ APPROVED AS REQUESTED ☐ APPROVED AS MODIFIED ☐ DISAPPROVED

FUND PAYABLE FROM
Sewer Construction & Maintenance

AMOUNT APPROVED
$

REMARKS

NAME AND TITLE OF PERSON MAKING RECOMMENDATION

NAME AND TITLE OF PERSON AUDITING CLAIM

DEPARTMENT HEAD

BY

DATE