

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		6. DATE PAID		7. AMOUNT CLAIMED
Public Works/Sanitation/IWMD (Stop 911)				\$
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.

11. I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE	SIGNATURE AND TITLE OF CLAIMANT	DATE
12. SUBSCRIBED AND SWORN TO BEFORE ME		
this day of 19	SIGNATURE OF DEPUTY CITY CLERK OR NOTARY PUBLIC	

DEPARTMENTAL RECOMMENDATION

☐ APPROVED AS REQUESTED ☐ APPROVED AS MODIFIED ☐ DISAPPROVED

FUND PAYABLE FROM	AMOUNT APPROVED
Sewer Construction & Maintenance	\$
REMARKS	

NAME AND TITLE OF PERSON MAKING RECOMMENDATION		NAME AND TITLE OF PERSON AUDITING CLAIM	
DEPARTMENT HEAD	BY	DATE	