



# TREASURER-TAX COLLECTOR

DAN McALLISTER  
TREASURER-TAX COLLECTOR

COUNTY ADMINISTRATION CENTER • 1600 PACIFIC HIGHWAY, ROOM 162  
SAN DIEGO, CALIFORNIA 92101-2477 • (877) 829-4732 FAX (619) 531-6056

website: <http://www.sdtreastax.com>

## UNCLAIMED PROPERTY TAX REFUND CLAIM FORM

If you have made an overpayment of property taxes and wish to claim a refund, please complete this claim form and return it to the County Tax Collector's office at the address below. Refund claims will be verified and, if valid, refunds are generally issued within 4 to 6 weeks after receipt of the claim.

NAME: \_\_\_\_\_

PARCEL/BILL NUMBER: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### **GROUND S UPON WHICH THE CLAIM IS BASED:**

Please state the grounds upon which you are claiming the refund and attach all required identification and supporting documentation to your claim. Please refer to the attached instructions for further details. Failure to provide the required documents may result in the claim being denied and returned to the sender. As a result, claimants are requested to provide as much information as possible in order to expedite our review process and to substantiate the claimant's right to the unclaimed refund.

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

I state that I am the rightful claimant to the overpayment of taxes made on the above-referenced parcel/bill number. I certify (or declare) under penalty of perjury that the foregoing is true and correct. Furthermore, I agree to indemnify and hold harmless the County of San Diego, its officers, and its employees from any loss resulting from the payment of this claim.

### **NOTE: YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM IS OVER \$500.**

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

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

PRINTED NAME: \_\_\_\_\_

AT (City or Town): \_\_\_\_\_

TITLE (if applicable): \_\_\_\_\_

COMPANY (if applicable): \_\_\_\_\_

### **SEND COMPLETED CLAIM FORM TO:**

Dan McAllister  
San Diego County Treasurer-Tax Collector  
ATTN: Financial Division / Property Tax Refund Claim  
1600 Pacific Highway, Room 162  
San Diego, CA 92101

### NOTARY ACKNOWLEDGMENT

State of California  
County of \_\_\_\_\_ } ss.

On \_\_\_\_\_ before me, \_\_\_\_\_,  
Notary Public, personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose  
name(s) is/are subscribed to this document and acknowledged to me that  
he/she/they executed the same in his/her/their authorized capacity(ies), and that by  
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf  
of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature

(seal)

## Claim Instructions and Information

### 1. GUIDELINES OUTLINING WHO IS AUTHORIZED TO SIGN THE CLAIM FORM

- A. Individual. If the payee named on the refund is an individual, that person must sign the Claim. If there are multiple payees listed on the refund, then each must sign the claim form.
- B. Corporation. If the refund is payable to a corporation (including Non-Profit Corporate structures), the Claim must be signed by an officer of the corporation.
- C. Partnership. If the refund is payable to either a General Partnership or a Limited Partnership, then the Claim must be signed by a General Partner of the organization. A Limited Partner is approved to sign the Claim only if this person has been specifically authorized by the partnership to participate in the control and management of the business.
- D. Limited Liability Company. If the refund is payable to a Limited Liability Company, the Claim must be signed by a Managing Member of the organization. A Manager is approved to sign the Claim only if this person has been specifically authorized by the membership to participate in the control and management of the business.
- E. Sole Proprietorship. If the refund is payable to a Sole Proprietorship, the Claim must be signed by the owner of the business.
- F. Government Agency. If the refund is payable to a Government Agency, the Claim must be signed by an officer of the agency.
- G. Trust. If the refund is payable to a Trust, the Claim must be signed by each individual who has been appointed as a trustee. Required supporting documentation includes a copy of the Trust Agreement that gives the names of each trustee.
- H. Estate/Deceased Payee. If the refund is payable to a deceased individual or to the estate of a deceased person, the Claim must be signed by either the executor or the administrator of the estate. Required supporting documentation includes a copy of the Death Certificate and evidence of appointment as executor or administrator.

### 2. REQUIRED IDENTIFICATION

#### ***Individuals:***

Copy of current photo identification (i.e. current driver's license).

#### ***Businesses:***

Copy of current photo identification for the authorized officer or official claiming on behalf of the company on official letterhead and a current business card.

#### ***Heir or Asset Finders:***

A notarized Power of Attorney signed by the same person who signed the Claim(s).

In addition, a copy of the agreement between the Asset Finder and claimant is required.

3. REQUIRED SUPPLEMENTAL DOCUMENTATION

A. PROOF OF OFFICER'S TITLE

If the refund is payable to an organization, rather than an individual, evidence to substantiate the signor's position within the organization must be provided. Examples of such evidence include the following: a business card displaying the officer's title, a partnership agreement, articles of organization, etc.

B. PROOF OF ACQUISITION (OR MERGER)

If the refund is payable to a company that has since been acquired by (or merged with) another company, the acquiring company must provide legal evidence of such acquisition (or merger).

C. POWER OF ATTORNEY

If the payee utilizes a third-party agent (such as an asset recovery company) to file a Claim, a notarized Power of Attorney must be submitted to the County and signed by the same person who signed the Claim(s).

4. CLAIM SUBMISSION AND REVIEW

The completed Claim(s), required identification and supplemental information should be mailed or delivered to:

Dan McAllister  
San Diego County Treasurer-Tax Collector  
ATTN: Financial Division / Property Tax Refund Claim  
1600 Pacific Highway, Room 162  
San Diego, CA 92101

**QUESTIONS?**

If you have any questions regarding a claim or the submission of an Unclaimed Property Tax Refund Claim Form please call (619) 531-5813 for further assistance.