



SEE INSTRUCTION ON REVERSE SIDE

**LOS ANGELES COUNTY AUDITOR-CONTROLLER
PROPERTY TAX SERVICES DIVISION**
REQUEST FOR REISSUANCE OF POST OFFICE RETURNED REFUND

ARLENE BARRERA
ACTING AUDITOR-CONTROLLER

TO: AUDITOR-CONTROLLER
PROPERTY TAX SERVICES DIVISION
500 WEST TEMPLE STREET, ROOM 153
LOS ANGELES, CA 90012
(213) 974-8368

- (1) DATE _____
- (2) ASSESSOR ID NUMBER or UNSECURED BILL NUMBER _____
YEAR /SEQUENCE _____ TAX AGENT REGISTRATION NUMBER _____
- (3) NEW ADDRESS _____
MAILING ADDRESS _____

- (4) *REQUESTED BY _____
- (5) TELEPHONE NUMBER _____
- (6) **TYPE OF IDENTIFICATION _____

I certify, under penalty of perjury, that I am the rightful claimant to this property tax refund warrant, or acting with authority on behalf of the rightful claimant, which represents a refund of property taxes previously paid by me, or the rightful claimant, to whom I represent.

- (7) SIGNATURE(S) OF CLAIMANT(S) or AUTHORIZED REPRESENTATIVE

* If requested by tax agent, a completed authorization of tax agent and agent registration number is required.
** A photocopy of identification(s) must be attached. Acceptable identification include: driver's license; state identification card; U.S. passport or U.S. military identification.

**RE-ISSUANCE OF REFUND WARRANTS WILL NOT BE ISSUED WITHOUT A SIGNATURE AND
PROPER IDENTIFICATION LISTED ABOVE BY CLAIMANT OR AUTHORIZED AGENT.**

"To Enrich Lives Through Effective and Caring Service"

INSTRUCTION FOR FILING OUT RE-ISSUANCE OF REFUND WARRANT FORM

This form is to be used to request a cancelled warrant that has been returned by the United States Post Service be reissued.

- (1) Date of Request.
- (2) The Assessor Identification Number (AIN) or Unsecured Bill Number and the Years and Sequences in question.

Tax Agents Registration Number (if application is signed by tax agent).

- (3) The new address to be used either to issue replacement warrant.
- (4) Signature(s) of authorized person(s) requesting the change of address. Payee(s) authorized tax agents or authorized representatives of a company. If multiple payee(s) listed, all must sign.
- (5) Phone number of the authorized person(s) requesting the change of address.
- (6) Identify acceptable identification and attain a photocopy of all authorized person(s) requesting re-issuance of refund warrant (requests submitted by mail included).
- (7) All taxpayer(s) or authorized agent signature in INK.

Note: If the refund warrant amount is \$5,000.00 or more, PROOF of PAYMENT verification for relevant tax year(s) is required.

Incomplete information submitted will result in a delay of processing and re-issuance of refund.

"To Enrich Lives Through Effective and Caring Service"