



SOLANO COUNTY
CLAIM FOR REFUND OF TAXES
(Revenue and Taxation Code section 5096, et seq.)

Clerk of the Board of Supervisors, Attn: Myra Chirila
675 Texas Street, Suite 6500, 6th Floor
Fairfield, CA 94533

(707) 784-6100

Name of Claimant: _____

Mailing Address: _____

Phone Number: _____

Affected Property: _____
Assessor's Parcel Number and Address

Fiscal Year(s) Refund is Claimed	Date(s) Taxes Paid	Amount of Tax Claim	Amount of Penalty Claim	Total Amount
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

(Claimant must attach proof of payment – copy of cancelled check and/or receipt)

Please state all facts and circumstances that support your claim for a tax refund:

☐ Backup documentation is provided

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct; that the tax amount sought to be refunded was paid within four years prior to filing this demand; that the amounts claimed are correct and no part has been refunded; and, if acting on behalf of a legal entity, that I am duly authorized to act on its behalf, and that the title shown below is true and correct. I am not an agent or the taxpayer's attorney.

Executed at _____ on _____
(city and state) (date)

Signature: _____

Its: _____
(If claim is for a legal entity, the person signing must show title)