JOSEPH KELLY
TREASURER AND TAX COLLECTOR

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
UTILITY USER TAX
REQUEST FOR REFUND

This is to assist you in filing your Utility User Tax (UUT) refund claim. Authority to grant a refund is authorized in the Los Angeles County Code Title 4.6 Utility User Tax which states in part:

- Whenever the UUT has been overpaid, paid more than once or has been erroneously or illegally collected and received by the Treasurer and Tax Collector it shall be refunded (Section 4.62.190 A).

- No refund shall be paid unless the claimant or his or her guardian, executor, or administrator has submitted a written claim to the Treasurer and Tax Collector within one year of the overpayment, erroneous, or illegal collection of the UUT. Such claim must clearly establish the claimant's right to the refund by written records demonstrating entitlement (Section 4.62.190 B).

In order for your claim to be considered, you must:

1. **Submit the "Claims for Damages to Person or Property" form which is attached**

2. **Complete all sections of the form where applicable (see below)**

Sections 1 thru 4: Complete as requested

Section 5: Provide the dates (to and from) for which you believe you are entitled to receive a UUT refund

Section 6: Give the street address where the UUT was overpaid, paid more than once, or erroneously/illegal collected

Section 7: Describe in detail why you believe you are entitled to the refund

Section 8 & 9: Not applicable

Section 10: Describe in detail why you believe the County is liable for the refund

Section 11: Write in Treasurer and Tax Collector

Section 12: Complete if applicable

Section 13: Complete and include all written records demonstrating refund entitlement

Sections 14 & 15: Complete as requested

If the Claim is unsigned and or incomplete it will be considered grounds for denial.

Once the Claim is completed and signed it is to be mailed or delivered to:

Executive Officer, Board of Supervisors
500 West Temple Street, Room 383
Kenneth Hahn Hall of Administration
Los Angeles, CA 90012
ATTENTION: CLAIMS

If you have any questions or need assistance, please call (213) 893-7984, Monday - Friday 8 am to 4 pm PT or e-mail us at uut@ttc.lacounty.gov.

The Los Angeles County Utility User Tax is codified in Title 4, Chapter 4.62 of the Los Angeles County Code. Refer to http://www.municode.com/library/CA/Los_Angeles County.

For more information, please refer to the UUT website at https://ttc.lacounty.gov/uut/.

COUNTY OF LOS ANGELES

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

TIME STAMP
OFFICE USE ONLY

INSTRUCTIONS:
1. Read claim thoroughly.
2. Fill out claim as indicated; attach additional information if necessary.
3. Please return this original signed claim and any attachments supporting your claim. This form must be signed.

DELIVER OR U.S MAIL TO:
EXECUTIVE OFFICER, BOARD OF SUPERVISORS, ATTENTION: CLAIMS
500 WEST TEMPLE STREET, ROOM 383, KENNETH HAHN HALL OF ADMINISTRATION, LOS ANGELES, CA 90012

(213) 974-1440

1. Mr. | Ms. | Mrs. LAST NAME FIRST NAME

2. ADDRESS OF CLAIMANT/ ATTORNEY

Street City, State Zip Code

HOME TELEPHONE: ( )

BUSINESS TELEPHONE: ( )

3. CLAIMANT'S BIRTHDATE:

4. CLAIMANT'S SOCIAL SECURITY NUMBER

5. DATE AND TIME OF INCIDENT

6. WHERE DID DAMAGE OR INJURY OCCUR?

Street City, State Zip Code

7. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:

8. WERE POLICE OR PARAMEDICS CALLED? YES NO

9. IF PHYSICIAN WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER:

DATE OF FIRST VISIT PHYSICIAN'S NAME

PHYSICIAN'S ADDRESS PHONE ( )

10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?

11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE) :

NAME DEPT.

NAME DEPT.

12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:

NAME PHONE

ADDRESS

NAME PHONE

ADDRESS

NAME PHONE

13. LIST DAMAGES INCURRED TO DATE (and attach copies of receipts or repair estimate):

TOTAL DAMAGES TO DATE: $

TOTAL ESTIMATED PROSPECTIVE DAMAGES: $

THIS CLAIM MUST BE *SIGNED*

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72)

WARNING

- **CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN 6 MONTHS AFTER THE OCCURENCE. (GOVERNMENT CODE SECTION 911.2)**

- **ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)**

- **SUBJECT TO CERTAIN EXCEPTIONS, YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)**

- **IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)**

14. PRINT OR TYPE NAME DATE

15. SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS/HER BEHALF GIVING RELAT ONSHIP TO CLAIMANT:

REVISED 4/06