



JOSEPH KELLY
TREASURER AND TAX COLLECTOR

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

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

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](http://www.municode.com/library/CA/Los_Angeles_County).

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

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



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

TIME STAMP
OFFICE USE ONLY

1. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. LAST NAME		FIRST NAME	10. WHY DO YOU CLAIM COUNTY IS RESPONSIBLE?	
2. ADDRESS OF CLAIMANT/ ATTORNEY				
Street		City, State	Zip Code	
HOME TELEPHONE: ()		BUSINESS TELEPHONE: ()		
3. CLAIMANT'S BIRTHDATE:		4. CLAIMANT'S SOCIAL SECURITY NUMBER		11. NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE):
5. DATE AND TIME OF INCIDENT		NAME	DEPT.	
		NAME	DEPT.	
6. WHERE DID DAMAGE OR INJURY OCCUR?		12. WITNESSES TO DAMAGE OR INJURY: LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:		
Street		City, State	Zip Code	
		NAME	PHONE	
7. DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED:		ADDRESS		
		NAME	PHONE	
		ADDRESS		
		NAME	PHONE	
8. WERE POLICE OR PARAMEDICS CALLED?		13. LIST DAMAGES INCURRED TO DATE (and attach copies of receipts or repair estimate):		
YES <input type="checkbox"/> NO <input type="checkbox"/>				
9. IF PHYSICIAN WAS VISITED DUE TO INJURY, INCLUDE DATE OF FIRST VISIT AND PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER:		TOTAL DAMAGES TO DATE:		
DATE OF FIRST VISIT		PHYSICIAN'S NAME		TOTAL ESTIMATED PROSPECTIVE DAMAGES:
PHYSICIAN'S ADDRESS		PHONE		\$
		()		\$

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 OCCURENCE. (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:	