



**San Bernardino County
Recorder-County Clerk**

222 W. Hospitality Lane, 1st Floor
San Bernardino CA 92415-0022
Phone: (909) 387-3847

Claim For Refund

To: County Recorder, San Bernardino County,

I, the undersigned, do hereby request a refund in the amount of \$_____ for the following reason(s):

I hereby certify under penalty of perjury that the foregoing is true and correct, and that a refund of said payment has not been previously made.

Dated and executed this _____ day of _____, 20____, at _____ a.m. / p.m.

Claimant Affidavit of Original Payee:

Make refund check payable to:

Signature

(Name)

Type or Print Name and Title

(Street Address)

Contact Number

(City, State, Zip Code)

RECORDER-COUNTY CLERK USE ONLY

It is recommended that the following claim be: Approved Denied

By: _____

Remarks:

Department Supervisor: Approved Denied

By: _____

Remarks:

COUNTY RECORDER: Approved Denied

By: _____

Remarks:

