



**San Bernardino
Recorder-County Clerk**
222 W. Hospitality Lane, 1st Floor
San Bernardino, CA 92415-0022
Phone: (909) 387-3806
Website: arc.sbcounty.gov

Claim For Refund

To: San Bernardino County Recorder-County Clerk.

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) (City, State, Zip Code)

Contact Phone Number: _____

Email Address: _____

RECORDER-COUNTY CLERK USE ONLY

It is recommended that the following claim be:

Approved Denied

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Approved Denied

RT Supervisor I: _____

RT Supervisor II: _____

Remarks: _____

Remarks: _____

Recorder-County Clerk Management Review:

Approved Denied

Deputy Recorder-County Clerk: _____

Remarks: _____