

County of San Bernardino
Clerk of the Board of Supervisors
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
 (909) 387-3841 Fax (909) 387-4554
 Internet: www.sbcounty.gov



CLAIM FOR REFUND OF TAX PAYMENT(S)

Claimant's Name: First: CHIFFEY COMMUNITIES CULTURAL CENTER
 Mailing Address: _____ City: _____
 State: _____ Contact No.: _____

Assessor's Parcel Number: 1044291530000 (Parcel # is 13 digits)
 Property Address: 525 W. 18th St. City: UPLAND, CA Zip: 91784

In accordance with the provisions of Chapter 5, Article I, of the California Revenue and Taxation Code (commencing with Section 5096), I am (we are) herewith filing this claim with the Board of Supervisors of the County of San Bernardino, and ask that a refund of taxes and/or penalties be made for the following amounts:

| Fiscal Year(s) Refund is Claimed | Date(s) Taxes Paid | Amount of Tax Claim | Amount of Penalty Claim | Total Amount |
|-------------------------------------|--------------------|---------------------|-------------------------|---------------------|
| <u>2007</u> | <u>2009-07-16</u> | <u>\$ 1,105.80</u> | <u>\$ ~</u> | <u>\$ 1,105.80</u> |
| <u>2008</u> | <u>2009-07-16</u> | <u>\$ 4,463.67</u> | <u>\$ ~</u> | <u>\$ 4,463.67</u> |
| <u>2009</u> | <u>2009-11-12</u> | <u>\$ 10,911.32</u> | <u>\$ ~</u> | <u>\$ 10,911.32</u> |
| <u>200</u> | | <u>\$</u> | <u>\$</u> | <u>\$</u> |
| <u>200</u> | | <u>\$</u> | <u>\$</u> | <u>\$</u> |

I (we) claim that the whole assessment (part of the assessment) for the year(s) as shown above is (are) void for the following reasons (use attachments if necessary):

WE ARE A 501(C)3 AND HAVE ALWAYS BEEN PROPERTY
TAX EXEMPT DUE TO OUR STATUS. (SEE ATTACHED)

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct; that the taxes and/or penalties sought to be refunded were paid within four years prior to the filing of this claim; that the amounts herein claimed are correct; and no part thereof has been refunded to the claimant or to any other person on claimant's benefit; and if acting on behalf of a legal entity, I am duly authorized to act on its behalf and that the title shown below is true and correct.

Date: 9-3-10 Signature: [Signature] Title: TAX ASSESSOR / TRUSTEE

PLEASE NOTE: This form is provided as a courtesy and does not constitute legal advice to claimants. Claimants are strongly advised to consult an attorney regarding their rights and obligations, particularly with regard to exhaustion of administrative remedies and the applicability of statutes of limitation on filing claims and lawsuits for refund of property taxes.

THIS FORM MUST BE SIGNED AND RETURNED WITH PROOF OF TAX PAYMENT TO: San Bernardino County, Clerk of the Board of Supervisors, 385 North Arrowhead, 2nd Floor, San Bernardino, CA 92415-0130.

County Use Only

Clerk of the Board (909) 387-3841
 Date Received: _____ Date Referred to County Counsel: _____
 Signature: _____ Title: _____ Date: _____