

**SACRAMENTO METROPOLITAN FIRE DISTRICT
CLAIM FOR REFUND OF SPECIAL FIRE TAX LEVY**

(Please print legibly or type below)

1. Claimant's Name: _____
2. Claimant's Mailing Address: _____
(street number, street name, suite/room)
3. City: _____ County: _____
State: ____ Zip Code: _____
4. Email Address: _____
5. Phone Numbers: _____
6. Claimant's Social Security Number: _____
7. If you are making this claim as a partnership, corporation, or other entity, please provide your tax identification number: _____
8. Property Address for which a refund is being requested:

(street number, street name, suite/room)
City: _____ County: _____
State: ____ Zip Code: _____
9. The Assessor's Parcel Number (APN) _____
Dates that you owned the property _____
10. **Special Fire Tax Refund Requested (maximum \$400):** _____

I declare under penalty of perjury under the laws of the State of California that I am the person, or an authorized representative of the entity, that paid the taxes for which a refund is being sought, and the information which appears above is true and correct.

Date: _____

(Signature of Claimant)

INSTRUCTIONS:

- Complete one claim form for each affected property owned.
- Mail the completed form to: Sacramento Metro Fire, P.O. Box 3063, Rancho Cordova, CA 95741.
- Please submit this claim form no later than May 31, 2014.
- Questions can be sent to: sacmetrofire@nbsgov.com.
- For questions by telephone call 800-676-7516, 8:00 a.m. to 5:00 p.m., Monday through Friday.