



## UTILITY USERS TAX REFUND CLAIM

ESTABLISHMENT NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		

REQUESTING REFUND FOR INVOICE BILLING PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

UTILITY PROVIDER	CUSTOMER ACCOUNT#	SERVICE ACCOUNT#

**All refund claims must be supported by a signed, written explanation of the claim, documentation verifying the reason and the right to the amounts requested, and copies of the utility invoices - including the subsequent invoice listing the payment.**

A refund or credit will be allowed under the following specific circumstances:

- Overpayment
- Duplicate payment
- Erroneously or illegally collected tax

Please submit this form and forward any inquiries to [COITreasury@cityofirvine.org](mailto:COITreasury@cityofirvine.org).

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements herein are true and correct and in conformance with City of Irvine Municipal Code § 2-9-716 and City Council Resolution No. 02-152.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
NAME TITLE