



**CITY OF OAKLAND
APPLICATION FOR REFUND OF
THE REAL PROPERTY TRANSFER TAX**

Oakland, California _____, 20 _____

Applicant _____

Address _____

Phone Number _____

Real Property Transfer Tax Paid \$ _____

Date Paid _____

Recorder's Number _____

Real Property Description and Address (Include Parcel Number):

Total Consideration \$ _____

Property Buyer Name and Address

Property Seller Name and Address

I hereby petition for a refund in the amount of \$ _____ paid by me, for the following reason:

Signature of Applicant

Please mail to:

City of Oakland
Revenue Division
Central Collections Section
150 Frank H. Ogawa Plaza, Suite 5342
Oakland, CA 94612

*Revenue
Audit*

IMPORTANT: INCLUDE ALL/ANY SUPPORTING DOCUMENTATION