



**City of Elk Grove
REFUND CLAIM FORM**

Pursuant to California Government Code 50052 the following is submitted:

_____ **Claimant's Full Name** _____ **Claim Amount**

_____ **Current Address (Street, City, State, Zip Code)**

(____) _____ **Telephone Number** _____ **Email Address**

Grounds for submission (please attach copies of all supporting documentation, including proof of identification, related to this claim **(do NOT attach originals as the City will retain all documentation submitted with this claim)**).

I hereby certify, under penalty and perjury, that the information contained and attached to this claim is true and correct and is being submitted to the City of Elk Grove to substantiate my claim to money held by the City. I further certify that I have the authority and right to claim and receive payment of said money and hereby release the City of Elk Grove, its directors, employees, representatives, attorneys and agents from all liability and further obligation with respect to this claim.

Printed Name of Claimant _____ **Signature of Claimant** _____ **Date**

Please submit by:

Mail to: City of Elk Grove, Finance Department, 8401 Laguna Palms Way, Elk Grove, CA 95758; or

Email to: jkennedy@elkgrovecity.org

For general claim questions or documentation submission please contact:

Jude Kennedy at 916-627-3449 or the above email address.

CITY USE ONLY:

Accepted _____ **Denied** _____

Finance Director Signature _____ **Date** _____

Payee Name _____ Check # _____ Check Date _____ Check Amt _____