REQUEST FOR CORRECTION OF PAYMENT

I, the undersigned assessee or agent for the assessee, hereby request cancellation of the payment of taxes mistakenly paid on or applied to property other than the property intended. I also request transfer of the payment to the intended property hereinafter described.

The taxes were mistakenly paid on, or applied to, the following described property:

YEAR	TA	X-RATE AREA	ASSESSMENT NUM	BER	PARCEL NUMBER
ASSESSEE(S):			ADDRESS:)
ASSESSEE(S).		ADDRESS.			
INSTALLMENT PAID		DATE			AMOUNT
FIRST					
SECOND					
				TOTAL:	
The amount(s) listed abov	e shoul			follow	ing described property:
ASSESSMENT/BILL NUMBER		TAX-RATE AREA			PARCEL NUMBER
ASSESSEE(S):			ADDRESS/LEGAL D	FSCR	IPTION:
ASSESSEE(S).			ADDRESS/LEGAL L	LOCK	H 11014.
A detailed explanation of	how the	e taxes were mista	kenly paid on or appl	ied to	the unintended property:
I declare under penalty of	perjury	that the foregoing	g is true and correct.		
GIGNA TIPE					
SIGNATURE					