

UTILITY USERS TAX (UUT) REFUND REQUEST

NAME \_\_\_\_\_  
(Service User Name)

ADDRESS \_\_\_\_\_  
(Where service is provided)

NAME OF UTILITY COMPANY \_\_\_\_\_  
(Service Provider)

CUSTOMER ACCOUNT NUMBER \_\_\_\_\_  
(As it appears on bill/statement)

STATE AMOUNT AND REASON(S) FOR REFUND REQUEST \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You may use extra sheets if more space is needed. All required documents to be examined as proof of claim such as a copy of bill or statement must be attached to this request.)

I hereby request a refund of previous Utility Users Tax payments for the reason(s) indicated above. I declare under penalty of perjury that the foregoing information and explanation are true and correct.

Executed the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
at \_\_\_\_\_, California.

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ (Signature of Claimant)

PHONE \_\_\_\_\_  
\_\_\_\_\_ (Title of Claimant)

*Please mail refund request to:*  
*City of San Jose Finance, 200 East Santa Clara Street*  
*San Jose, Ca 95113-1905*

(For Finance Department Use Only Below This Line)

Approved     Denied     Returned for lack of documentation

Reason: \_\_\_\_\_  
\_\_\_\_\_

Director of Finance \_\_\_\_\_ Date \_\_\_\_\_

