

**REQUEST FOR REFUND
OF CITY OF MOUNTAIN VIEW REAL PROPERTY CONVEYANCE TAX
MOUNTAIN VIEW CITY CODE SECTION 29.62**

City of Mountain View
Attn: Budget Section
Finance and Administrative Services Department
500 Castro Street, P.O. Box 7540
Mountain View, CA 94039-7540

Grantor: _____

Relationship to Grantee: _____

Grantee: _____

Relationship to Grantor: _____

Property Address: _____

Assessor's Parcel Number: _____

The City of Mountain View accepts exemptions under the Mountain View City Code (MVCC) and California Revenue and Taxation Code (RTC) only. The undersigned claimant ("Claimant") requests a refund of the real property conveyance tax paid to the County Recorder of Santa Clara County for one of the following reasons:

BASIS FOR CLAIM OF REFUND

- Transfer of property between spouses.
- Security for debt (MVCC 29.66, RTC 11921).
- Instruments in lieu of foreclosure (MVCC 29.67, RTC 11926).
- Transfer to governmental agency (MVCC 29.68, RTC 11922).
- Plans of reorganization or adjustment (MVCC 29.69, RTC 11923).
- Securities and Exchange Commission orders (MVCC 29.70, RTC 11924).
- Partnership transfers or between individual(s) and a legal entity resulting solely in change of method of holding title (MVCC 29.71, RTC 11925).
- Dissolution of marriage or legal separation (RTC 11927).
- State agency conveyance and reconveyance back (RTC 11928).
- State agency conveyance to a nonprofit corporation (RTC 11929).
- Transfers by inter vivos gift or reason of death (RTC 11930).
- Transfers between individual(s) to/from their own trust (RTC 11930).

STATEMENT OF FACTS

I/We declare that I/we qualify for a refund of the City of Mountain View real property conveyance tax for the following reasons (provide additional details of property transfer):

The following document(s) was/were recorded with the County Recorder, and the City's real property conveyance tax was paid.

- a. Type of Document Recorded (attach copy): _____
- b. Doc. No.: _____
- c. Date of Recording: _____
- d. Amount of Tax Paid: \$_____ (attach receipt)
- e. Claimant name: _____
- f. Address to mail refund: _____

I declare under penalty of perjury that the foregoing information and statement of facts are true and correct and request a refund of the real property conveyance tax.

Executed this _____ day of _____ 20____, at _____, California.

Printed Name of Claimant

Printed Name of Claimant

Signature of Claimant

Signature of Claimant

Please include the following documents with this request:

- Copy of last recorded deed.
- Copy of all documents submitted to the Santa Clara County Recorder's Office for the deed recorded, including, but not limited to, the Preliminary Change of Ownership Report.
- Value of consideration used to calculate the real property conveyance tax paid to the City of Mountain View.
- Proof of payment. A refund will only be issued to the payer.
- List the name, phone number, and email address of the person to contact for additional information or follow-up:

Name: _____

Phone Number: _____

Email Address: _____

Additional documentation may be requested, as necessary.

CITY OF MOUNTAIN VIEW'S DETERMINATION:

Approved Denied

By: _____
Finance and Administrative Services Director

Dated: _____