



Payment on Wrong Parcel Request Form

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone Number	
E-Mail Address	

I, the undersigned assess 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.

Unintended Property Information (Taxes were mistakenly paid on or applied to)

Year:		Parcel Number:	
Assessee:			
Address:			
First Installment Paid On:		Amount Paid:	
Second Installment Paid On:		Amount Paid:	
Total Amount Paid:			

Note: If total amount paid is less than the total amount due on the INTENDED property, the remaining balance must be paid before the transfer is made.

Intended Property Information (Taxes should have been paid on or applied to)

Year:		Parcel Number:	
Assessee:			
Address:			

Explanation

Please write a detailed explanation of how the taxes were mistakenly paid on or applied to the unintended property.

Signature

By submitting this application, I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Assessee(s) or Agent for the Assessee(s)

Please sign the form and mail it to:

Orange County Treasurer-Tax Collector
Attention: POWP Request
P.O. Box 1438
Santa Ana, CA 92702-1438