CITY OF OAKLAND

REVENUE MANAGEMENT BUREAU

Citywide Liens Section

Telephone (510) 238-7474 Citywideliens@oaklandca.gov



DEMAND LETTER REQUEST

(Check one)	
◯ GARBAGE ◯ BUSI	NESS TAX ORETT OFIRE INSP. OSIDEWALKS OSEWER
Is this an update of a previo	us demand? YES NO
Required attachments	
\$150.00 check paya	ble to the City of Oakland, or Credit Card Authorization
Copy of Liens	
Telephone to contact: ()_	Email:
NAME/ CO NAME:	
STREET ADDRESS	
CITY, STATE, ZIP	
ESCROW OFFICER (If any)	
ESCROW NUMBER	
PHONE #	Email:
TO ASSIST IN EXPEDITING YOUR REQUEST, COMPLETE THE FOLLOWING INFORMATION (Please Print)	
PROPERTY ADDRESS	
ASSESSORS PARCEL#	
OWNER'S NAME	
*CHECK ONE: Sale	Refinance Loan Other
NOTF: Reques	t will not be processed without payment and copies of liens.
For <u>RETT</u> and <u>Business Tax liens please submit the 1st page of lien list and the page listing the actual lien.</u>	
	Email Completed Package to: <u>Citywideliens@oaklandca.gov</u>
	Or Mail to:
	CITY OF OAKLAND

(PLEASE ALLOW FIVE (7-8) BUSINESS DAYS TO PROCESS)

CITYWIDE LIENS SECTION 150 FRANK H. OGAWA PL SUITE 5342 OAKLAND CA 94612 – 2093