



CITY OF OAKLAND

# CITY OF OAKLAND

## Business Tax Section

250 Frank H. Ogawa Plaza, Suite 1320 Oakland, CA 94612  
(510) 238-3704 TDD (510) 238-3254

<https://tss.oaklandnet.com>

### ***Rent Adjustment Refund Request Form***

Date: \_\_\_\_\_

Rent Program Account#: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_ Oakland, CA \_\_\_\_\_

I, \_\_\_\_\_ landlord or other person determined to be liable for the Rent Program Fee or said Person’s guardian or conservator, hereby request for a refund in the amount of \$ \_\_\_\_\_ from the above Rent Program account for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

Supporting documentation establishing the validity of this claim is attached to this claim form:

Yes { }

No { }

Valid refund claims must include sufficient documentation of proof of payment. Proof of payment should include the following:

Paid cash – a copy of cash receipt.

Paid by check – a copy of the cancelled check (front and back).

Paid by credit or debit card - copy of bank statement, which shows the posted transaction.

I hereby declare under penalty of perjury, that to my knowledge all information contained in this statement is true and correct.

Name (Print): \_\_\_\_\_ Signature \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Mail Request to:**

City of Oakland – Business Tax Section  
250 Frank H. Ogawa Plaza, Suite 1320  
Oakland, CA 94612

Contact: T. HENRY – (510) 238-6252 – [Thenry@oaklandca.gov](mailto:Thenry@oaklandca.gov)

**Please allow four (4) to six (6) weeks for processing.**