**Prorata Real Estate Tax Claim**

**Local Public Agency (LPA)**

***REMEMBER:* Claims must be made within six months after the city or county tax delinquent date. Delinquent tax payments are not reimbursable.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **County:** | |  | | | **Route:** | |  | | | **Parcel:** | |  | | | **Job No.:** | | | | | | | |  | | |
| **Owner(s):** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Total city real estate tax paid for year on property owned.** | | | | | | | | | | | | | | | | | | | **$** | | | | | |
| **2.** | **Total county real estate tax paid for year on property owned.** | | | | | | | | | | | | | | | | | | | **$** | | | | | |
| **3.** | **Total current real estate tax paid on property owned.** | | | | | | | | | | | | | | | | | | | **$0.00** | | | | | |
| **4.** | **Date payment was delivered to owner or escrow agent or the date the Commissioners’ Award paid into court.** | | | | | | | | | | | | | | | |  | | | | | | | | |
| **5.** | **Total number of months remaining in current year after payment made.** | | | | | | | | | | | | | | | |  | | | | | | | | |
| **6.** | **Total Taxes Paid (line 3)** | | | | | **$0.00** | | | | | **Divided by 12 =** | | | | | | | | | | **$0.00** | | | | |
| **7.** | **Total from line 6** | | | | **$0.00** | | | **X Number of months remaining in year (line 5)=** | | | | | | **0** | | | | | | | **$0.00** | | | | |
| **8.** | **Percentage of total tax payment applicable to R/W acquired by LPA %** | | | | | | | | | | | | | | | | | | | | | | | |  |
| **9.** | **Total from line 7** | | | | **$0.00** | | | **X Percentage as shown on line 8 =** | | | | | | | | | | | **0.00** | | | | | | **$0.00** |
| **10.** | **Total due from line 9, if amount is less than $1.00, no payment will be made.** | | | | | | | | | | | | | | | | | | | | | | | | **$0.00** |
| **Signature of**  **Computed By:** | | | |  | | | | | | | | | | | | **Date:** | | | | | |  | | | |
| **Payable To:** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | **Amount:** | | | | | | | | | **$0.00** | |
| **Date LPA made payment to owner or escrow agent:** | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Paid tax receipts are attached to this claim.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Computations on claim are correct.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Preparer’s Certification** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The total sum of $ 0.00 is approved for payment under this claim.**  **I certify the above information has been checked against the LPA records and it is a just and correct payment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | | | **Title** | | | | | | | | | | | **Date** | | | | | |
| **I concur with this claim.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This claim is not approved for payment for the following reasons:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Local Public Agency Authorized Signature** | | | | | | | | | | | | | | | | | | **Date** | | | | | | | |