



**CITY OF LOS ANGELES**  
 CALIFORNIA  
**ERIC GARCETTI**  
 MAYOR

**DIANA MANGIOGLU**  
 DIRECTOR OF FINANCE  
 CITY TREASURER

**PARKING OCCUPANCY TAX ESCROW CASH DEPOSIT REFUND APPLICATION**

**City of Los Angeles  
 Office of Finance  
 P.O. Box 53234, Los Angeles CA 90053-0234  
 (213) 744-9780 (213) 744-9750**

<b>APPLICANT INFORMATION</b>	I, Applicant, am the auto park / valet parking operator and am submitting this Parking Occupancy Tax Escrow Cash Deposit Refund Application for the parking facility/location listed herein. <b>I hereby certify, under penalty of perjury, that I meet the requirements of the Parking Occupancy Tax Collection Bond EXEMPTION:</b> <ul style="list-style-type: none"> <li>• Parking lot / Valet parking operators that offer its daily, weekly and monthly customers the option to pay by credit card widely used by or generally available to the public</li> <li>• Continue to report accurately and pay timely the monthly Parking Occupancy Tax</li> <li>• Provide Office of Finance access to electronic records of credit card transactions</li> </ul> <b>I am requesting for a REFUND of the Escrow Cash Deposit submitted for the facility/location listed herein.</b> I understand this application must be complete to be accepted by the Office of Finance for review.
<b>Legal Name of Auto Park / Valet Parking Operator:</b>	
<b>DBA, if applicable:</b>	
<b>Business Tax Registration Certificate Account No:</b>	
<b>Business Address:</b>	
<b>Mailing Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	

I voluntarily provide proof that credit card payment is offered at this parking facility/location, please see attached.

ESCROW CASH DEPOSIT INFORMATION	
Cash Deposit made on or about _____	in the amount of \$ _____
Check Number: _____	Money Order Number _____

I declare, under penalty under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Please remember to sign your form when returning it to the below address:

**City of Los Angeles - Office of Finance  
Attn: POT Bond Unit  
P.O. Box 53234  
Los Angeles CA 90053-0234**

**CITY HALL OFFICE**

City Hall	200 N. Spring St. (Use Main St. Entrance)	Rm 101	PHONE (844) 663-4411	Open Mon. through Fri.	8 AM to 5 PM
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**BRANCH OFFICES AND HOURS**

Van Nuys Civic Center	Braude Constituent Svcs. Center 6262 Van Nuys Blvd	Rm 110	PHONE (844) 663-4411	Open Mon. through Fri.	8 AM to 5 PM
West Los Angeles	1828 Sawtelle Blvd.	Rm 102	PHONE (844) 663-4411	Open Mon. through Fri.	8 AM to 5 PM

**AN EQUAL EMPLOYMENT OPPORTUNITY – AFFIRMATIVE ACTION EMPLOYER**

**ATTENTION – PLEASE READ**

**Non-financial information such as name, business address (including home-based businesses), mailing address, etc., contained in your City of Los Angeles tax and permit records, is subject to public disclosure under provisions of the California Public Records Act, Government Code Section 6250 et seq. Your residential information may also be subject to public disclosure if that location is utilized for business and/or mailing purposes.**

**If you are unclear if this applies to you, please ask for clarification from a public counter staff person.**

**For the latest information about these and other issues, visit our website at [finance.lacity.org](http://finance.lacity.org), call our taxpayer assistance line at (844) 663-4411, or call or visit any of our branch offices listed above.**