**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.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |