

[Date]

[Name]

[Address]

[City, State, Zip]

RE: Refund of SCEIP Fees

Dear [Name]:

We are in receipt of your request for a refund of the [Title Search / Recording] fee in the amount of \$[0.00]. This refund must be processed by the Sonoma County Auditor-Controller Treasurer-Tax Collector's (ACTTC) office.

Please review and sign the attached Claim Form where indicated. Then mail the Claim Form along with the Vendor Record Coding Form and copy of the deposit record to the ACTTC office. A self-addressed envelope has been provided for your convenience. It can take up to two weeks from the time the ACTTC office receives your request to process your refund.

Feel free to call us at (707) 565-6470, should you have any questions.

Sincerely,

[Name]

Sonoma County Energy Independence Program

Enclosures: ACTTC Claim Form
Vendor Record Coding Form
Copy of Deposit Record
ACTTC Self-Addressed Envelope