



**ALAMEDA COUNTY**  
**AUDITOR-CONTROLLER AGENCY**  
**MELISSA WILK**  
AUDITOR-CONTROLLER/CLERK-RECORDER

---

**REQUEST FOR  
REFUND OF SENATE BILL 2 (SB 2) FEE  
Per Assembly Bill 110 (AB 110)**

Pursuant to AB 110 "This bill would additionally exempt from this fee any real estate instrument, paper, or notice executed or recorded by the federal government pursuant to the Uniform Federal Lien Registration Act, or by the state, or any county, municipality, or other political subdivision of the state. The bill would provide that these exemptions apply retroactively to any real estate instrument, paper, or notice executed or recorded by the federal government, or by the state, or any county, municipality, or other political subdivision of the state on or after January 1, 2018. The bill would also state that the exemption for real estate instruments, papers, or notices executed or recorded by the state, or any county, municipality, or other political subdivision of the state is declaratory of existing law."

---

The following information is provided to assist you in complying with the procedures required to initiate a refund request of the SB 2 fee.

Copies of the refund request form may be obtained from: Office of the County Clerk-Recorder  
1106 Madison Street  
Oakland, CA 94607

**INSTRUCTIONS FOR FILING A REFUND REQUEST:**

To ensure timely processing of your claim, it is important that the following instructions be strictly adhered to.

1. **SUBMIT REFUND REQUEST FORM AND A COPY OF THE RECORDED DOCUMENT ON WHICH THE SB 2 FEE WAS PAID.**
2. Complete only the upper portion of the refund request form:
  - a. List your name, address, telephone number, email address, and receipt number.
  - b. List the recording date(s) and the Instrument Number(s) of the document(s) you are using as a basis for refund. Copies of the foregoing documents may be obtained for a fee from the Recorder's Office and must be submitted with your refund request.
  - c. Sign refund request form. The signature appearing on the request for refund form must be that of the party who paid the SB 2 fee(s).
  - d. Note date and place (City/County) at which request for refund form was signed.
3. Send completed request for refund form and a copy of the recorded document to the address shown above OR email documentation to [crweb.crweb@acgov.org](mailto:crweb.crweb@acgov.org).

**REQUEST FOR  
REFUND OF SENATE BILL 2 (SB 2) FEE  
Per AB 110**

REQUESTOR'S NAME:

REQUESTOR'S ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

NUMBER OF DOCUMENTS \_\_\_\_ x \$75 = TOTAL AMOUNT TO REFUND:

DATE OF RECORDING:

INSTRUMENT NUMBER(S):  
(Attach additional pages, if needed)

RECEIPT NUMBER(S):

*I certify under penalty of perjury that the foregoing is true and correct.*

\_\_\_\_\_  
*Date and Place*

\_\_\_\_\_  
*Name/Signature of Requestor*

***For Departmental Use Only – Accounting***

**DECISION OF DEPARTMENT**

I certify that an examination of our office records shows that the SB 2 fee was paid at the time of recording and herewith render the following decision:

☐ Approved

☐ Denied

Reason for denial:

MELISSA WILK, COUNTY CLERK-RECORDER

By:

\_\_\_\_\_  
Divina Villanueva  
Principal Auditor

\_\_\_\_\_  
Date

APPROVED FOR REFUND:  
Check Number:

\_\_\_\_\_  
Auditor-Controller of Alameda County