



**CITY OF OAKLAND**  
**FINANCE AND MANAGEMENT AGENCY**  
**REVENUE DIVISION – CITYWIDE LIENS TAX COMPLIANCE SECTION**  
Telephone (510) 238-3287  
Fax (510) 986-2728

**DEMAND LETTER REQUEST**  
**ADVANCE PAYMENT OF \$50.00 PROCESSING FEE REQUIRED**

<b>COMPANY NAME:</b>			
<b>ADDRESS:</b>			
<b>ESCROW OFFICER:</b>			
<b>ESCROW #:</b>			
<b>PHONE:</b>		<b>FAX:</b>	

**TO ASSIST IN EXPEDITING YOUR REQUEST, COMPLETE THE FOLLOWING INFORMATION**  
**(Please Print)**

<b>Property Address:</b>
<b>Assessors Parcel #:</b>
<b>Owner's Name:</b>

**\*\*CHECK ONE:** Sale \_\_\_\_\_ Refinance \_\_\_\_\_ Loan \_\_\_\_\_ Other \_\_\_\_\_

Recorder's Lien #	Recording Date	Invoice #	Lien Amount	Name(s) as shown on Lien

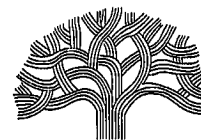
**Legible Copies of Lien(s) or Copy of the Title Report may be sent in lieu of completing the above. If you choose not to use this form, please include all of the above information with your request.**

**MAILING ADDRESS OR IN PERSON**

**CITY OF OAKLAND**  
**CITYWIDE LIENS TAX COMPLIANCE SECTION**  
**150 FRANK H. OGAWA PL SUITE 5342**  
**OAKLAND CA 94612 – 2093**

Allow two (2) – five (5) working days for our response.  
**Remember to include the \$50.00 Processing Fee with your request – Thank you.**

# CITY OF OAKLAND



150 FRANK H. OGAWA PLAZA, SUITE 5342 • OAKLAND, CALIFORNIA 94612-2007

Finance & Management Agency  
Citywide Liens Tax Compliance Section

PHONE (510) 238-7474  
FAX (510) 986-2728  
TDD (510) 238-3254

## CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_\_\_ Attn: \_\_\_\_\_ Fax to: \_\_\_\_\_

Name(as it appears on card) \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

### Credit Card Type:

☐ VISA: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

☐ MASTERCARD: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

☐ DISCOVER: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ V-Code: \_\_\_\_\_

Owner Name: \_\_\_\_\_, Property Address: \_\_\_\_\_

Invoice Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Business Account Number(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I authorize the City of Oakland to charge my credit card for the amount listed above.

Authorized Signature: \_\_\_\_\_

**FAX COMPLETED FORM TO: (510) 986-2728**

**STAFF:**