**County of null - Administrative Services**

Phone: (916) 851-3175

## Worker Name: Worker ID:

**Worker Phone Number: Date:**

**Case Name:**

**Case Number:**

**Overpayment Letter - 2nd Notice**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Amount Due: $

On \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ County sent you a notice stating that you were overpaid $\_\_\_\_\_\_\_\_ in benefits.

On \_\_\_\_\_\_\_\_\_\_ we sent you a letter saying that you had not repaid the overpayment.

To date we have not heard from you. Please call us right away at <phone number> to make a plan to pay the money back. You can mail a check or money order to:

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If you have any questions or are currently receiving aid in any county, please contact this county at

\_\_\_\_\_\_\_\_\_\_\_.

Please contact us right away.

(07/2020)

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