**County of null - Administrative Services**

Phone: (916) 851-3175

### Worker Name: Worker ID:

**Worker Phone Number: Date:**

**Case Name:**

**Case Number:**

**Overpayment Letter - 3rd 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. To avoid additional action, you must contact this office to setup a repayment plan.

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

Your prompt response will be appreciated.

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(05/2020)

Page 1 of 1