



REQUEST FOR REFUND

Review and Processing may take up to sixty (60) days.

Date of Request: ___/___/___

Permit Number: _____

Permit Address: _____

Requestor's Name: _____

Contact Number: _____

Mailing Address _____
(If different from permit address)

Email Address: _____

Company Name: _____
(If Applicable)

*Requested Refund Amount: \$ _____

**Justification for Request: _____

METHOD OF PAYMENT

Credit/Debit Card (___)

Cash (___)

Check (___)

Name: _____
(As it appears on the front of the card)

Expiration Date: ___/___/___
(MM/YY)

Card Number: _____ - _____ - _____

Security Code: _____
(3-digit code on back)

Requestor's Signature _____

Date _____

* Amount requested may not be the same amount as amount refunded if approved.

** Office of Buildings may require additional information.

FOR OFFICE USE ONLY

Received

Name Signature Date

Approved

(\$ _____)

Name Signature Date

Denied

Name Signature Date

Reason for Denial: _____

Processed

Name Signature Date