



Refund Request Form

Section A

Permit Number: _____ Issue Date: _____

Refund to:

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone _____ e-mail _____

I would like a refund issued because:

- Applicant cancelled permit
- Duplicate permit - duplicate #: _____
- Error in issuance, explain: _____
- Other, explain: _____

Signature: _____ Date: _____

Section B - FOR OFFICE USE ONLY

Receipt amount: \$ _____	Percent of amount to refund: <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> N/A <input type="checkbox"/> Other _____
Total Refund: \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Web <input type="checkbox"/> Cash
Apply to:	
GL Code _____ Amount \$ _____	GL Code _____ Amount \$ _____
GL Code _____ Amount \$ _____	GL Code _____ Amount \$ _____
GL Code _____ Amount \$ _____	GL Code _____ Amount \$ _____
Prepared by: _____	Date: _____

Approved By: _____ Date: _____