Cashier - (510)238-4774
Processing Time - approx 30-90 days

ATH

CITY OF OAKLAND

REFUND REQUEST

FOR ACCOUNTING USE ONLY				
Period	Batch #	Type	Item	Sub Item

Name:	Phone No/Email:
Address:	
City, State, Zip:	
Project Address:	Permit Number:

I hereby petition for a refund of the amount paid by me for the following reason:

- ☐ PROJECT CANCELLED
- ☐ CHANGE IN SCOPE (Decreased Fees)
- ☐ VALUATION CHANGE - old $ new $
- ☐ FEES INCORRECTLY ASSESSED*
- ☐ OTHER*
- ☐ PERMIT ISSUED IN ERROR*
- ☐ PERMIT NOT REQUIRED FOR TYPE OF WORK*
- ☐ DIFFERENT TYPE OF PERMIT REQUIRED*
- ☐ DUPLICATE PERMIT ISSUED
  Duplicate Permit # _____

* Comments: _____

☐ Proof of Payment (attached): ☐ Original Cash Register Receipt ☐ Copy of Cancelled Check (front/back) ☐ Other:

Signature:	Date:

DO NOT WRITE BELOW THIS LINE

REFUND DETERMINATION: ☐ APPROVED Date: ☐ DENIED Date:

Comments: _____

Receipt #:		Permit/Invoice:		Vendor #:		Date Paid:		Amount:
Dist.	Amount	Fund	ORG	Account	Project	Program	TASK	Award
1								
2								
3								
4								
5								
6								
7								
8								

Department Approval Date

Office of Finance Date

Entered By Date

Account Payable Date