



REFUND REQUEST

FOR ACCOUNTING USE ONLY				
Period	Batch #	Type	Item	Sub Item

Name: <i>(Refund requestor must be the payor, if not complete & notarize Letter of Agency)</i>		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: <input type="checkbox"/> PROJECT CANCELLED <input type="checkbox"/> CHANGE IN SCOPE (Decreased Fees) <input type="checkbox"/> VALUATION CHANGE - old \$ _____ new \$ _____ <input type="checkbox"/> FEES INCORRECTLY ASSESSED* <input type="checkbox"/> OTHER* <input type="checkbox"/> PERMIT ISSUED IN ERROR* <input type="checkbox"/> PERMIT NOT REQUIRED FOR TYPE OF WORK* <input type="checkbox"/> DIFFERENT TYPE OF PERMIT REQUIRED* <input type="checkbox"/> DUPLICATE PERMIT ISSUED Duplicate Permit # _____ * Comments: _____			
<input type="checkbox"/> Proof of Payment (attached) <input type="checkbox"/> Original Cash Register Receipt <input type="checkbox"/> Copy of Cancelled Check (front/back) <input type="checkbox"/> 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									

_____ Date
 Department Approval

_____ Date
 Entered By

_____ Date
 Office of Finance

_____ Date
 Account Payable