

**REFUND REQUEST FORM # RF-001**

**Top section to be completed by applicant/customer to request a refund.**

Make check payable to:	Date of request:	
Mailing address for payee:		
Permit Number:	APN Number	Facility Number
Physical address of permit site:		
Reason for refund: <b><u>Must be stated or refund will be denied.</u></b>		
_____		
_____		
Print Name of requesting person:	Signature:	

**DO NOT WRITE BELOW THIS LINE**  
**TO BE COMPLETED BY ENVIRONMENTAL HEALTH DEPARTMENT**

Date request received:	EH Location: LKP or LL	By - EH Staff Name:	
Receipt Number	File name:	File number:	
Receipt # Verified Yes - No	APN # Verified Yes - No	Facility # verified Yes - No	Payee verified Yes - No
Amount of fees paid:	Retention Percent:	Retention Amount:	Eligible Refund Amount:
Refund amount status:			
Pending information: _____ Partial refund: _____ Full refund: _____ Disallowed: _____			
_____ Approved _____ Denied Denial Reason: _____			
_____			
By Environmental Health Director : _____			Date: _____
_____ Approved _____ Denied Denial Reason: _____			
_____			
By Fiscal Officer: _____			Date: _____

**TO BE COMPLETED BY FISCAL DEPARTMENT**

Date received by fiscal dept:	Entered by; Name of Account Technician:
Amount of fees adjusted:	Date posted:
Requires new bill to customer: Yes/No	Bill produced and sent:
Comments:	