

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: <u>Must be stated or refund will be denied.</u> | | |
| _____ | | |
| _____ | | |
| 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: | |
| | |