



Refund/Overpayment Request Form

Permit # _____ Project Location: _____

APN/Assessor's Parcel # _____ Property Owner: _____

Amount Received for payment \$ _____ Receipt # _____

Date of Permit Application: _____ Type of Permit/Work: _____

Name of Applicant _____

Name of applicant should be the individual or company that paid the fees for permit

Address of Applicant _____

If a refund is granted, the refund will be mailed to the address given when original payment was processed

Reason for refund request: _____

I the undersigned, state: That the above claim and the items as stated above are true and correct; and that the amount therein is justly due, and that the same is presented within one year after the payment was made. I declare under penalty of perjury that the foregoing is true and correct.

Date: _____ Signature: _____ Print Name: _____

DO NOT WRITE BELOW THIS LINE

FOR INTERNAL USE

INTAKE

STAFF NAME: _____ EXT: _____ COMMENTS: _____

ATTACH THE FOLLOWING ITEMS TO THIS REQUEST:

- APPLICATION/PERMIT FILE AND ALL CONTENTS
- COPY OF RECEIPT
- ANY ADDITIONAL DOCUMENTATION NEEDED FOR PROCESSING

SENIOR / SUPERVISOR

STAFF NAME: _____ EXT: _____ COMMENTS: _____

REFUND CALCULATION COMPLETE (Attached)

APPROVED DENIED \$ _____
ENTER AMOUNT TO BE REFUNDED

ACCOUNTING

STAFF NAME: _____ EXT: _____ COMMENTS: _____

SENT TO THE AUDITOR CONTROLLER _____

Date