



CLAIM FOR REFUND

CLAIM # _____

Received Date Stamp

PRINT NAME OF Claimant (Last) _____ (First) _____

Mailing Address (Street) _____ (City) _____ (State/Zip) _____

(Area Code) (Phone Number) _____

REFUND INFORMATION

JOB LOCATION: _____

Amount Claimed \$ _____ Date Fees Paid: _____

RECEIPT #/PERMIT #/REFERENCE #: _____

STATE REASON FOR REQUESTING A REFUND - (Details):

NOTE: A Claimant may be required to submit to examination under oath. (Charter Section 63.)
 Presentation of a false claim is a felony. (California Penal Code Section 72.)

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

SIGNATURE AND TITLE OF CLAIMANT	DATE
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L FOR DEPARTMENT OF BUILDING & SAFETY USE ONLY 7

AMOUNT APPROVED FOR REFUND \$ _____

REMARKS: _____

Audited by:	Date:
Approved by:	Date: