Case Cancellation/Refund Form

	Cancellation	/Refund Forr	n Date:		
Type of Request	V	Who Is Making R	equest:		
Refund Cancellation	Owner	Applicant	Other		
Name (First, Last)		Company Name			
		1 7			
Phone Number E-Mail Address					
		Whe	re To Send Refund Checks:		
A refund check will be issued ar	nd made payable	Street Address			Suite #
to the name of the person/con					
original record, that made t	ne payment.	City/Town		State	Zip Code
List Case Number (s) You Are Reques					
This Includes Building, Electrical, Elevand Plats.	vator, Gas, Fire, Mecl	nanical, Plumbir	g, Zoning, Grading, VSM	1P, FLPI	L, EPlans
	_				
	_				
	_				
	_				
Reason For Requesting Refund and/or	Cancellation:				
Contact Person		ontact E-Mail Addres	s		
Signature					
	OFFICE	USE ONLY			
		_	DEELIND ADDD	OVED [DENIED
ININTALS AND DATE RECEIVED BY FI	NANCIAL ANALYST		REFUND APPR	OVED [DENIED
DIVISION MANAGER SIGNATURE		- OKA	AY TO CANCEL/REFUND	YES	NO