



### REFUND INFORMATION

ONE FORM PER PERMIT, SUBMIT TO BUILDING\_SUBMITTALS@CITYOFMENIFEE.US

#### **PROJECT INFORMATION**

PROJECT NAME: \_\_\_\_\_

PERMIT: \_\_\_\_\_ INVOICE \_\_\_\_\_ RECEIPT \_\_\_\_\_

PRINT AND ATTACH INVOICE AND RECEIPT

#### **REFUND IS TO BE MAILED TO:**

BUSINESS NAME: \_\_\_\_\_

ATTN / CARE OF (IF APPLICABLE): \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

#### **CONTACT INFORMATION**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REASON FOR REFUND \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your request will not be processed without the completed form, invoice, and receipt. Please allow 4-5 weeks for a refund. A 20% processing fee will be deducted from the refund amount.

This document does not guarantee a refund, in part or full, will be processed. Refunds will be issued at the Building Official's discretion and only when approved and signed off by all appropriate parties.

\_\_\_\_\_  
REQUESTOR (SIGNATURE)

\_\_\_\_\_  
DATE

**CITY STAFF USE ONLY (PLEASE SIGN & DATE IF APPROVED)**

PROCESSED BY: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DATE SENT TO FINANCE: \_\_\_\_\_

