

CITY OF STOCKTON
ADMINISTRATIVE SERVICES DEPARTMENT
REQUEST FOR REFUND

NAME: _____

ADDRESS: _____

(Telephone number):

AMOUNT OF REFUND REQUESTED: _____

DATE PAID TO CITY: _____ RECEIPT #: _____

TOTAL AMOUNT PAID: _____ ACCT#/BL#: _____

REASON FOR REQUESTING REFUND: _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Subscribed and sworn on this _____ day of _____, 20__

CUSTOMER/BUSINESS NAME

SIGNATURE

FOR OFFICE USE ONLY

Recommended by: _____ Date: _____
Department Head:

Approved by: _____ Date: _____
Finance Officer

Account No.: _____ - _____ - _____ . _____ - _____

Trust Accounts - please forward to Accounting for approval:

NOTE: Refunds under \$250 - Department Head Signature Only
Refunds over \$250 - Department Head/Finance Officer Signatures Required