



Community Development Department, Permit Center
City Hall • 425 N. El Dorado Street • Stockton, CA 95202-1977

REQUEST FOR REFUND _____ Division

Name: _____
(Please type or print)

Address: _____

Telephone number: _____ Ext. _____

Amount of Refund requested: _____

Date paid to City _____ Receipt No. _____

Total amount paid: _____ Account # 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 _____, 200 ____

Customer Business Name

Signature

FOR OFFICE USE ONLY

Recommended by: _____ Date: _____
Department Head

Approved: _____ Date: _____
Finance Officer

Account No: _____
Trust Accounts – please forward to Accounting for Approval

Note: Refunds under \$499 – Department Head signature only.
Refunds over \$499 – Department Head/Finance Officer signatures required.
NO FAXES WILL BE ACCEPTED.