



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

REQUEST FOR REFUND

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone number: _____ Ext _____

Amount of refund requested: _____

Date paid to City _____ Receipt # _____

Total amount paid: _____ Permit # _____

Situs address: _____

Reason for requesting refund: _____

Contact Name: _____

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

Approved by: _____ Date: _____
Department Head or Designee (If over \$1,000.00)

Approved by: _____ Date: _____
Chief Financial Officer or Designee (If over \$1,000.00)

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

NOTE: Single refunds of \$1,000-\$19,999.99 require approval of the CFO (or designee) and Department Head (or designee). Refunds of \$20,000 or more require City Council approval. (Revised 5/24/21)