



# CITY OF COOLIDGE

## REFUND REQUEST

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Date of Request: \_\_\_\_\_

Permit or Application No.: \_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Remit To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requester's Signature: \_\_\_\_\_

### Refund Processing

A refund can only be issued to the person/firm that paid the fee or their authorized representative.

The applicant information/address provided is the name and address that the refund will be issued to.

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### For City Use Only

Building Safety Refund: \_\_\_\_\_ % of \_\_\_\_\_ = \_\_\_\_\_

Planning & Zoning Refund: \_\_\_\_\_ % of \_\_\_\_\_ = \_\_\_\_\_

Building Official or Department Head Signature: \_\_\_\_\_

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