

**CITY OF ANAHEIM  
 PLANNING DEPARTMENT  
 BUILDING DIVISION**

**REFUND REQUEST**

**PROCESSING FEE \$57.00**

Last Name	First Name	Company Name
Mailing Address (Street)		City/State/Zip
(Area Code) Phone Number	E-mail	

**REFUND INFORMATION**

Job Location: \_\_\_\_\_

Amount claimed \$: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_

Receipt #/Permit #: \_\_\_\_\_

State Reason for Requesting a Refund – (Details): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE.

Signature	Title of Claimant	Date

**Department Action:**      ( ) Denied      ( ) Approved

\_\_\_\_\_  
**Name**                                      **Date**

Comments:

\_\_\_\_\_

\_\_\_\_\_