



CITY OF EL SEGUNDO

REFUND REQUEST FORM

Claimant:

Last Name:

First Name:

Mailing Address:

(street)

(City)

(State/Zip)

(Area Code)(Phone Number):

Email Address:

Refund Information:

Job Location:

Amount Claimed \$ _____ Date Fees Paid: _____

Receipt #/ Permit#/Plan Check#/Reference#: _____

State reason for requesting a refund: (Requests shall include justification for refund, copies of plan check/permit applications and copies of the original receipts showing fees paid)

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE.

Signature and Claimant's Title:

Date:

FOR DEPARTMENT OF PLANNING AND BUILDING AND SAFETY

Amount Approved for Refund: \$ _____

Remarks: