

FINANCE DEPARTMENT
 450 Civic Center Plaza
 Richmond, CA 94804
 Phone: (510) 620-6742 Fax: (510) 620-6522
 Website: www.ci.richmond.ca.us/finance



Prepared By:
 initial _____

REQUEST FOR REFUND - FINANCE DEPARTMENT

APPLICANT NAME (Print)

CRW REFERENCE NUMBER:

ADDRESS

SITE ADDRESS:

CITY

STATE

ZIP

REASON FOR ACTIVITY

REASON FOR :

CONTACT NUMBER:

****NOTE :** IF PAID BY CREDIT CARD: REFUND MUST BE CHARGED BACK TO THE SAME CARD.
 IF PAID BY CHECK: COPY OF CANCELLED CHECK MUST BE PROVIDED WITH REFUND REQUEST.
 IF PAID BY CASH OR MONEY ORDER: YOU WILL RECEIVE A CHECK BY MAIL.

FEE DESCRIPTION	ACCOUNT	AMOUNT	Paid Date	RECEIPT/PAY ME?	REFUNDABLE AMT

ADDRESS if different from APPLICANT address:

NAME (Print)

ADDRESS

CITY, STATE & ZIP

All refunds, unless paid with credit cards, will be made by check. Refunds will be processed in approximately 30 days to allow for posting of transactions after request is submitted.

DATE:

CUSTOMER SIGNATURE:

For Use by Finance
 Department
 Customer
 BALANCE

\$

TYPE OF INITIAL PAYMENT – IF REFUND

CASH CHECK MONEY ORDER CREDIT

INITIALS:

DATE:

WALK IN

MAIL

TOTAL
 REFUND:

\$

FINANCE
 INITIALS &
 DATE