



REQUEST FOR REFUND

Name _____ Date: _____

Type of Refund: (Please check one) _____

- Building Permit/ Plan Review/ Fire Plan Review
- Plumbing/ Mechanical/ Electrical
- Code Compliance / Zoning
- Customer Service/ Water Department
- Animal License
- Other _____

Reason for request:

Signature: _____

Finance Department Use Only:

Date of Original Transaction: _____ Transaction Number: _____

Refund Approved for: _____

Notes:

Please be advised that each refund request may not be entitled to a full refund due to admin/inspector fees. If you should have any questions please contact Gladys Cruz at gcruz@ci.adelanto.ca.us or (760) 246-2300 ext. 11145