

Please Note:

Refunds will only be made to the original payor of the permit fees.

email request to ROD@chandleraz.gov

| Permit No. to be Refunded: | Date Issued: |
|--|------------------|
| Project Name | |
| Project Address: | |
| Reason for Refund Request: | |
| Person Requesting Refund: | |
| Mailing Address: | |
| Company Name (if applicable): | |
| Company Address: | |
| Company Phone No. | Company Fax No.: |
| E-mail address (for refund confirmation) | <u> </u> |

I agree to destroy the permit and the related orange card when the refund is granted.

| Requestor | Date | |
|----------------------|--------------------|--|
| For Office Use Only: | Refund Invoice No. | |
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