

**CITY OF ANAHEIM  
PLANNING DEPARTMENT  
BUILDING DIVISION**

**REFUND REQUEST**

**PROCESSING FEE \$53.00**

**Provide all information below and mail to: Building Division at 200 S. Anaheim Boulevard, Suite 145  
Anaheim, CA 92805 or fax this form to (714) 765-4607.**

Last Name	First Name	Company Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mailing Address (Street)		
<input style="width:95%;" type="text"/>		
City/State/Zip		
<input style="width:95%;" type="text"/>		
(Area Code) Phone Number		E-mail
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>

**REFUND INFORMATION**

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE.

<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Signature	Title of Claimant	Date

.....  
**Department Action:**                     Denied                     Approved

<b>Name</b>	<b>Date</b>

Comments:

\_\_\_\_\_

\_\_\_\_\_