



REFUND REQUEST FORM

Fill out all fields in the first section and email this form to: PermitSonoma-RefundRequest@sonoma-county.org

ACT-001

MAKE CHECK PAYABLE TO:

(Refund will only be issued to original Payor)

Name: Permit Number:

Mailing Address:

City, State, Zip: Signature:

(By signing, you are stating these monies are due to you)

Reason for refund must be stated or refund will be denied:

COPY OF RECEIPT MUST BE ATTACHED

PERMIT SONOMA STAFF TO COMPLETE THIS SECTION

Refund Type: At Cost Permit Sonoma Error Withdrawn Other

Staff Name: Date Request Received:

Mgr. / Sup Signature: Date Signed:

Partial Refund Full Refund Recommend Disapproval of Refund (If not approved, state reason in Comments)

Additional Staff Time:

(Include Staff Name and Hours Worked)

Other Expenses:

(Dollar Amount - List Detail Below)

Comments and Expense Detail:

ACCOUNTING STAFF TO COMPLETE THIS SECTION

Fees Eligible for Refund Fees Paid:

(Less): Staff Time/At Cost:

Other Expenses:

Total Refund: