



Community Development Department, Permit Center  
City Hall • 425 N. El Dorado Street • Stockton, CA 95202-1977

**REQUEST FOR REFUND**

Name: \_\_\_\_\_  
See footnote

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number: \_\_\_\_\_ Ext \_\_\_\_\_

Amount of refund requested: \_\_\_\_\_ Net processing fee: \_\_\_\_\_

Date paid to City: \_\_\_\_\_ Receipt # \_\_\_\_\_ See footnote

Total amount paid: \_\_\_\_\_ Permit # \_\_\_\_\_

Situs address: \_\_\_\_\_

Reason for requesting refund: \_\_\_\_\_

Contact Name: \_\_\_\_\_

I Certify under penalty of perjury that the information provided is true and correct.

Subscribed and sworn on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Customer Business Name

\_\_\_\_\_  
Signature

**FOR OFFICE USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head or Designee (If over \$1,000.00)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief Financial Officer or Designee (If over \$1,000.00)

Account No: \_\_\_\_\_  
Trust Accounts – please forward to Accounting for Approval

Note: Name and address listed on the first few lines will determine how the refund check is issued and where it will be mailed.  
Refund may be subject to a processing fee - 10% of refund total (not to exceed \$25.00).

Single refunds of \$1,000-\$19,999.99 require approval of the CFO (or designee) and Department Head (or designee). Refunds of \$20,000 or more require City Council approval.