



## Refund Request

Date of Request \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name/Company \_\_\_\_\_

Telephone Number \_\_\_\_\_

Permit Number \_\_\_\_\_

Job Address \_\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Process refund as:            Check                            Add to trust account # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

---

---

**INTERNAL USE ONLY**

*For Admin. Staff use:*

Form received by: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Comments:

\_\_\_\_\_

---

---

*For Accounting Assistant use:*

Date processed \_\_\_\_\_ By \_\_\_\_\_

Comments:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Department of Land Use and Transportation, Building Services Division**  
155 N First Avenue, Suite 350-12, Hillsboro, OR 97124-3072  
Phone: (503) 846-3470 Fax: (503) 846-5 ; 5 Email: lutbldg@co.washington.or.us