

Permit Refund Request Form

Date of Request: ___/___/___

Contact Name on the Permit	
Address	
Phone #	
E-Mail	
Area and Date of the Event	
B Receipt & Permit #	

Reason of Refund: _____

- Cancellation 91 Days or More Prior from the Event **10% of the Rental Fees**
- Cancellation 61 – 90 Days Prior from the Event **20% of the Rental Fees**
- Cancellation 31 – 60 Days Prior from the Event **30% of the Rental Fees**
- Cancellation 30 Days or Less Prior from the Event **40% of the Rental Fees**

Cost of the Event \$ _____ Permittee Signature: _____

-----For Office Use Only-----

Reviewed By: _____	Date ___/___/___
Comments: _____	
Processed By: _____	Date ___/___/___

Authorized Refund Amount \$ _____

Approved By: _____ Date ___/___/___

Comments: _____