CITY OF OAKLAND

REFUND REQUEST

FOR ACCOUNTING USE ONLY				
Period	Batch#	Type	Item	Subitem
		10		

Name:	Phone Number/ Email:
Address:	
City, State, Zip:	
Project Address	Record ID

I hearby petition for a refund of the amount paid by me for the following

- ☐ PROJECT CANCELLED
- ☐ CHANGE IN SCOPE
- ☐ VALUATION CHANGE - old $ _____ new $ _____
- ☐ FEES INCORRECTLY ASSESSED*
- ☐ OTHER* _____
- ☐ PERMIT ISSUED IN ERROR*
- ☐ PERMIT NOT REQUIRED FOR TYPE OF WORK*
- ☐ DIFFERENT TYPE OF PERMIT REQUIRED
- ☐ DUPLICTATE PERMIT ISSUED
- ☐ Duplicate Permit # _____

*Comments _____

Proof of Payment (attached):

☐ Original Cash Register Receipt ☐ Copy of Cancelled Check (Front/Back) ☐ Other _____

Signature:	**Date:**

DO NOT WRITE BELOW THIS LINE

REFUND DETERMINATION: ☐ APPROVED ☐ DENIED

Comments: _____

Receipt No.:	**Permit/Invoice No.:**	**Vendor No.:**	**Date Paid:**	**Amount:**

Dist	Amount	Project	Task	Award	Exp Type	Org	Year
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Department Approval **Date**

Office of Finance **Date**

Entered by **Date**

Accounts Payable **Date**