

Refund Request

ACT-001

Make check payable to:

Payee _____

Permit Number _____

Mailing Address _____

City/Town _____ State/Zip _____

Signature By signing you are stating that these monies are due to you. _____

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

COPY OF RECEIPT MUST BE ATTACHED

----- Ⓛ DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff Ⓛ -----

PRMD Staff Name:	_____	Date Request Received: _____
Manager's Signature:	_____	<input type="checkbox"/> Partial Refund \$ _____
Date signed:	_____	<input type="checkbox"/> Full Refund
		<input type="checkbox"/> Recommend Disapproval of Refund (If not approved, state reason in Comments)
Expenses Incurred:	Number of Hours Spent Working on File/Staff Name: ____ / _____	
	Other Expenses (Description & Dollar Amount): _____	

Comments:	_____	

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Receipt Date: (Date Entered into Permit Plus, Fees Paid)	_____
Fees Eligible for Refund:	Fees Paid: \$ _____
(Less):	Staff time: \$ _____
	Other Expenses: \$ _____
Subsid. # (If Applicable):	Total Refund: \$ _____