



Permit Fee Refund Request Form

Date: _____

Registered Owners Name: _____

Daytime contact number: _____

Email: _____

Property Address: _____

Current Mailing Address: _____

Owner Signature: _____

Permit number(s) To Be Refunded: *To be completed by RMWB Employees*

Permit Number	Permit Fee	CC	GL Account	Permit Number	Permit Fee	CC	GL Account
			591130				591130
			591130				591130
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			591130				591130
Refund Total							

CC Codes: Planning 80610, Safety Codes 80620, Engineering 84200, Environment 84380

Certificate of Title required to verify Ownership

FOR OFFICE USE ONLY

Certificate of Title Verified By:

Printed Name: _____ Supervisor Approval: _____

Signature: _____ Supervisor Signature: _____ Date: _____

Cheque to be Issued Within 60 days of Approval.

Submit to Accounts Payable once approved accounts.payable@rmwb.ca