HOPEWELL DEPARTMENT OF DEVELOPMENT
300 N MAIN STREET SUITE 321, HOPEWELL VA 23860
(P) 804-541-2226 (F) 804-541-2318

CLAIM FOR REFUND

Name of Claimant:	Phone number:

Mailing Address (Street, City, State and Zip):

REFUND INFORMATION

Job Location:	Permit Number or type of Application:
Amount Claimed:	Date Fee Paid:

****State Surcharge of 2% will be subtracted form refund request for permits where surcharge was initially charged****

State reason for requesting of refund:

_____

_____

_____

_____

Would like refund: _____ Mailed _____ Pick Up

I hereby certify that the above statement is true:

*****A Claimant may be required to submit to examination under oath. Presentation of a false claim is a felony.*****

Signature of Claimant:	Date:

OFFICE USE ONLY

Refund Total:_____

W9 Form: Yes____ No ____

Approved By: _____

RECEIVED DATE STAMP