



City of Reno

Refund Request Form

Development Services Department
1 E. First St. Reno, NV 89501

Date: _____ Application/Permit #: _____

Requestor's Name: _____

Requestor's Phone Number: _____ Requestor's Email: _____

REASON FOR REFUND REQUEST:

NAME (Pay To): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

Note: Please allow 3-5 weeks to process. Refunds will be issued in accordance with the Development Services Department Refund Policy.

FOR OFFICIAL USE ONLY

RECEIVED BY: _____ DATE: _____

REFUND PERCENTAGE: _____ COMMENTS: _____