



# City of Reno

## Refund Request Form

Community Development Department

P.O. BOX 1900 Reno, NV 89505

|                    |  |
|--------------------|--|
| NAME (Pay to)      |  |
| ADDRESS            |  |
| CITY, ST, ZIP      |  |
| PHONE #            |  |
| APPLICANT          |  |
| DATE               |  |
| REASON FOR REQUEST |  |
| PERMIT #           |  |

SIGNATURE: \_\_\_\_\_

**PLEASE NOTE: CANCELED CHECK AND THE ORIGINAL RECEIPT MUST BE PROVIDED FOR REFUND. PLEASE ALLOW 3 TO 5 WEEKS FOR PROCESSING.**

Received by: \_\_\_\_\_ Date \_\_\_\_\_

(City employee)