| DATE: | | | | |
|--|---------|------------|---------------|--|
| | | | | |
| TO: Duilding Official | | | | |
| TO: Building Official | | | | |
| Please cancel the following permit num | ber(s): | | | |
| | | | | |
| Reason for request: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I want the refund placed on my account | : Yes | No | _ | |
| I want a refund check mailed to me: mailing address) | Yes | No | (If yes, need | |
| My mailing address is: | | | | |
| | | | | |
| | | | | |
| | | | | |
| SIGNATURE | PR | PRINT NAME | | |

STAFF: Please attach the permit to this request and send to Tina Ward.