

DEVELOPMENT CENTER REFUND APPLICATION

1. APPLICANT INFORMATION

NAME: _____
BUSINESS: _____
ADDRESS: _____
CITY: _____
STATE, ZIP CODE: _____
PHONE: _____

For Office Use Only

NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on separate sheets and attached to this form if the space provided is inadequate. All requests for refunds must be accompanied by the original permit(s), case(s), or receipt(s) attached.

2. PERMIT OR CASE INFORMATION

Permit or case type: _____
Permit or case #: _____
Payment total: _____
Date of payment: _____
Why is a refund necessary? _____

APPLICANT MUST SIGN FORM AND HAVE NOTARIZED:

The undersigned claimant of lawful age, being duly sworn on oath says that this claim is, to the best of claimant's knowledge, true and correct. Affiant further states that (s)he has made no payment, given, or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer, or employee of The City of Oklahoma City, of money or anything of value to obtain payment.

Federal Tax ID No. (If Business refund)

Printed Name of Applicant

Driver's License No. (If Individual refund)

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

My Commission Expires: _____

My Commission Number: _____

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STAFF REVIEW COMMENTS: _____

APPROVED _____ DENIED _____ AS PER COUNCIL RESOLUTION

Amount to be refunded: \$ _____

Finance refund account #: _____

Water Impact _____ Sewer Impact _____ Detention _____

Reviewer Signature _____ Date _____

Division Signature _____ Date _____

Department Signature _____ Date _____