

CITY OF COSTA MESA  
REFUND REQUEST FORM

- From:
- Finance
  - Building Safety
  - Planning
  - Public Services
  - Community Services
  - Other \_\_\_\_\_

Vendor #: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_\_\_  
 Department Signature

Account	Fund	Organization	Program	Project/Grant	Amount

Name and address of applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

REASON FOR REFUND:

APPROVALS:

Finance: \_\_\_\_\_

City Manager: \_\_\_\_\_