

CITY OF EL PASO
PLANNING & INSPECTIONS DEPARTMENT

REFUND REQUEST FORM

Individual Company Other

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # (_____) _____

EMAIL: _____

Please complete the following if a company, corporation, etc. is requesting the refund:

CONTACT NAME: _____

TITLE: _____

TELEPHONE # (_____) _____ FAX # (_____) _____

EMAIL: _____

PERMIT NO. _____ **AMOUNT REFUNDED** _____

PLEASE NOTE: Building permits cancellations are subject to 30% administrative fee. Technology fee and Credit Card fee are not refundable 18.02.106.10

REASON FOR REQUEST: _____

SIGNATURE OF RECIPIENT: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE, TO BE COMPLETED BY BUILDING PERMITS AND INSPECTIONS DEPARTMENT

VENDOR # _____

VOUCHER # _____

Planning & Inspections Department