

Request for Refund of Fees Paid

Date: _____

To: Carroll County Bureau of Environmental Health

From: _____ (Payer name - printed)

RE: CCHD File #: _____

Address: _____

I am requesting a refund of fees paid for the above-referenced permit. I understand that the paid amount will be reduced by a 25% service charge. I also understand that I will not be eligible if work has already commenced on this permit (e.g., site visit). Original receipt or similar documentation is attached to this request. Further details are provided below:

Payer Name: _____

Mailing Address: _____

Social Security/FID #: _____

Phone Number(s): _____

For Health Department use only:

Amount Paid: \$ _____

Refundable amount: \$ _____ (paid amount less 25% service charge)

Approved: _____
Health Department Signature

If declined, reason: _____

Manner notified: _____

Date: _____