

APPLICANT FOR REFUND INSTRUCTIONS

BEFORE YOUR CLAIM MAY BE CONSIDERED BY THE CITY OF GLENDALE

FILL IN THE SPACES BELOW

Please make sure you provide all the information below

1. Date
2. First and Last Name
3. Telephone Number (Best number to be reached)
4. Address
5. Refund Amount
6. Date Paid
7. Division or Section to which money was paid
8. Purpose for which money was paid
9. Reason for requested refund
10. Sign, Application for Refund Form.
11. Mail or walk in to the address listed on the top left corner of the form.

All the rules and regulations regarding refunds can be found in the Glendale Municipal Code (Section 4.08.010-4.08.050). One must provide all the details that would support a particular refund as stated under Section 4.08.020. A refund must be filed within one year after collection or before the expiration of the license or permit, whichever occurs first. Deduction may be required to cover the expenses accrued for work done.

File in Duplicate With:
City Clerk's Office
613 E. Broadway, Suite 110
Glendale, CA. 91206

CITY OF GLENDALE – APPLICATION FOR REFUND

DATE (DD/MM/YY): _____

NAME: _____, TELEPHONE (____) _____

ADDRESS: _____ CITY: _____ ZIP: _____

Amount of refund claimed: \$ _____ 2) Date Paid (DD/MM/YY): _____

3) Division or Section to which money was paid: _____

4) Purpose for which money was paid: _____

5) Reason for requested refund: _____

*Attach original receipt, license, or permit.

Signature of Applicant

All the rules and regulations regarding refund can be found in the Glendale Municipal Code (Sections 4.08.010-4.08.050). One must provide all the details that would support a particular refund as stated under Section 4.08.020. A refund must be filed within one year after collection or before the expiration of the license or permit, whichever occurs first. Deduction may be requested to cover the expenses accrued for work done.

FOR OFFICIAL USE

DIVISION/SECTION COMMENTS

RECOMMENDATION WORKSHEET

Request Amount=\$ _____

Deduction for work accomplishment(-) _____

Recommendation Refund =\$ _____

Signature: _____

Date (DD/MM/YY): _____

DIVISION/SECTION HEAD'S DECISION

-Approval/Granted ___ Yes ___ NO

-If No, approved amount: \$ _____

-Signature _____ Date (DD/MM/YY): _____