REQUEST FOR REFUND

PERMIT SECTION

PERMIT OR FINANCIAL TRANSACTION INFORMATION:
Permit Number/Financial Transaction ID: ____________________________________________
Job Address/File Search Address: ___________________________________________________
Reason for refund: __________________________________________________________________

CHECK TO BE MAILED TO:
Name of Company/Owner: ________________________________________________________
Mailing Address: ________________________________________________________________
City: _______________________State:________________ Zip Code: _____________________

PLEASE PROVIDE THE FOLLOWING INFORMATION:
Name of Company/Owner: ________________________________________________________
Tax ID (if Company): ____________________________________________________________
Last four digits of Social Security # (if Owner): ______________________________________
Contact Name: ______________________________ Contact Phone Number: _______________

ITEMS NEEDED TO PROCESS REFUND
☐ Copy of permit or financial transaction
☐ Copy of front and back of check
☐ Copy of credit card statement (please erase account number)
☐ Tax ID of Company
☐ Last four digits of Social Security # (if Owner)
☐ Address of Company or Owner

NOTE:
You may bring the form in person, mail or fax.
If you are requesting cancellation or revocation please submit the form with your refund package.

City of Miami, Building Department
4th Floor, 444 SW 2nd Ave, Miami, FL 33130
Fax: (305) 416-2158