



**Community Development Department**  
14000 City Center Dr., Chino Hills, CA 91709  
(909) 364-2740 Fax (909) 364-2795  
www.chinohills.org

# REFUND REQUEST

## DEPOSITOR INFORMATION

The refund check will be made payable to the person, company, organization, or agency named in this section. The refund shall be issued only to the depositor named on the document submitted under the Document Requirement Section unless the requestor can provide proof that he/she is the legal recipient of the funds.

NAME: \_\_\_\_\_  
COMPANY/ORGANIZATION/AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT INFORMATION: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

## DEPOSIT AND ACCOUNT INFORMATION

Please fill out as much information as you can to expedite your request.

DATE OF DEPOSIT(S): \_\_\_\_\_  
AMOUNT(S): \_\_\_\_\_  
PROJECT/EVENT NAME: \_\_\_\_\_  
PROJECT/EVENT LOCATION OR ADDRESS: \_\_\_\_\_  
TRACT/APN NUMBER(S): \_\_\_\_\_  
TRUST ACCOUNT NUMBER(S): \_\_\_\_\_

## DOCUMENTATION REQUIREMENT

Please attach the document and check the list below. At least one (1) document should be submitted with this request.

- City Receipt Form
- City Cashier Receipt
- Cancelled Check
- Other: \_\_\_\_\_

## REQUESTOR INFORMATION

Owner/Self       Representative

NAME: \_\_\_\_\_  
COMPANY/ORGANIZATION/AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
CONTACT INFORMATION: \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR CITY STAFF USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
REFUND AMOUNT: \_\_\_\_\_  
APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_