



Permits

T. 628.271.2000 | 49 South Van Ness Ave. 3rd Floor, San Francisco, CA 94103

REQUEST FOR REFUND

Please fill out necessary information below for San Francisco Public Works to issue a refund.

DATE _____

REFERENCE _____

PUBLIC WORKS PERMIT#

For Official Use Only

SITE INFORMATION

Site Address: _____

Reason for Request: _____

APPLICANT/AUTHORIZED AGENT INFORMATION

IMPORTANT: If payment was made via check, address provided below shall match return address on check. If addresses do not match, a refund will not be granted.

Company Name: _____ Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

PAYMENT INFORMATION

Credit Card

☐ Visa

☐ MasterCard

☐ AMEX

Date of Transaction: _____

Last 4 Digits of Credit Card: _____ Expiration Date: _____

Copy of Clip: ☐ YES ☐ NO Zip Code of Card: _____

Check

Number: _____ Date of Check: _____ Check made out to: _____

Zip Code: _____ Return Address: _____

FOR PUBLIC WORKS USE ONLY

☐ APPROVED

☐ DENIED

☐ DRAWDOWN

Date: _____

Amount: _____

Recommended By: _____

Approved By: _____

Public Works Representative

Section Manager