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: _____

Applications and fees are subject to change. Please visit our website for the most current version of this application.