

IMPACT FEE REFUND REQUEST

HILLSBOROUGH COUNTY
DEVELOPMENT SERVICES



POST OFFICE BOX 1110
TAMPA, FLORIDA 33601-1110

PLEASE NOTE PRIOR TO SUBMITTING THIS FORM: PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE IMPACT FEE REFUND REQUEST: 1) CASH REGISTER RECEIPT, 2) IMPACT RECEIPT FORM, 3) COPY OF CANCELED CHECK OR CREDIT CARD RECEIPT, 4) COPY OF FEDERAL TAX ID W-9 FORM, AND 5) NOTARIZED ASSIGNMENT LETTER (IF APPLICABLE). PLEASE SEND YOUR REQUEST TO:

**Impact Fee Manager
Planning & Growth Management
601 E. Kennedy Blvd. 20TH FL
Tampa, FL 33602
(813) 276-8305**

A copy of the original impact fee receipt form must be included to receive a refund. The refund will only be issued to the business or person that issued the original check.

NAME:		
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:
REASON FOR REQUESTING REFUND:		
NAME OF BUSINESS OR INDIVIDUAL CHECK WAS DRAWN ON:		
PERMIT NUMBER:		RECEIPT NUMBER:
FEDERAL TAX ID NUMBER:		
SIGNATURE OF APPLICANT:		DATE:

FOR DSD OFFICE USE ONLY

INDEX CODE/SUB OBJECT:	AMOUNT:
INDEX CODE/SUB OBJECT:	AMOUNT
INDEX CODE/SUB OBJECT:	AMOUNT
INDEX CODE/SUB OBJECT:	AMOUNT
INDEX CODE/SUB OBJECT:	AMOUNT
DOCUMENT NUMBER:	TOTAL REFUND:
SECTION MANAGER APPROVAL:	DATE:
DEPARTMENT DIRECTOR APPROVAL:	DATE: