



Refund Request

**Hillsborough County
Right-of-Way Management Office**

**5701 E. Hillsborough Ave.
Suite 1222
Tampa, Florida 33610**

PLEASE READ THE FOLLOWING PRIOR TO COMPLETING THIS FORM:

Written refund requests must be submitted within sixty (60) days of permit issuance and construction must not have commenced for applicant to receive a refund of the original permit fees (not including the base application fee which is not refundable). Questions concerning permit refunds should be addressed to Manager, Permit Intake & Processing at 274-6500. THE ORIGINAL VALIDATED RECEIPT MUST BE ATTACHED TO THIS FORM TO RECEIVE A REFUND.

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ISSUE REFUND TO (PERSON OR BUSINESS): _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

REASON FOR REFUND: _____

NAME OF BUSINESS OR INDIVIDUAL CHECK WAS DRAWN ON: _____

PERMIT NUMBER: _____ RECEIPT NUMBER: _____

CREDIT CARD NUMBER (if card is to be refunded): _____ Exp. _____

SIGNATURE OF APPLICANT: _____ DATE: _____
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ROW Management Office Use Only

REVENUE CODE: _____ TOTAL REFUND: _____

PERMIT INTAKE PROCESSING MANAGER: _____ DATE: _____

SECTION MANAGER: _____ DATE: _____

DIVISION DIRECTOR: _____ DATE: _____