



LAND MANAGEMENT DIVISION

Date Received:

REFUND or CANCELLATION

PUBLIC WORKS DEPARTMENT 125 E 8th AVENUE, EUGENE OR 97401 Telephone: 682-3823

Date: \_\_\_\_\_

I am requesting the following: \_\_\_\_\_ REFUND \_\_\_\_\_ CANCELLATION

If you are canceling a permit and requesting a refund, the refund will be reduced by the amount of staff time that has been expended processing that permit.

Permit # (PA/BP/SI/SP/EL): \_\_\_\_\_

Location:

Township Range Section Taxlot Site Address

Reason for request: \_\_\_\_\_

Person submitting the request: \_\_\_\_\_ Land Owner \_\_\_\_\_ Applicant \_\_\_\_\_ Agent \_\_\_\_\_ Staff

Contact information (person submitting the request):

Print name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Make check payable to:

Print name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Staff Use Only

Total fee paid:

Staff hours:

Amount to refund: