



Development & Growth Management

PRIVATE PROVIDER APPLICATION FOR REFUND REQUEST FOR REFUND

CONTACT INFORMATION

Private Provider Firm: _____

Payor Name: _____ Phone: _____

Email: _____

Payor Mailing Address: _____

Payment Type: Check (please submit copy of cancelled check with refund form)

Credit Card Last four digits: _____ Expiration Date: _____

****Refund will be issued to Payor****

PROJECT INFORMATION

City of Tampa Permit No.: _____

Project Address: _____

Service Provided: Plan Review Inspections

Office Use Only

Approved for refund? Yes Amount: _____ No

If not approved, reason: _____

Reviewed by (Printed Name)

Reviewed by (Signature)

REFUNDS MUST BE REQUESTED NO LATER THAN 60 DAYS AFTER DATE OF PAYMENT.