



Refund Request Form

Use this form to submit a fee refund request.

Updated 08.22.2023

Refund requests will be evaluated per the prescribed conditions outlined in the Construction Services Division [Refund Policy](#). Please submit your completed form to CSDHelp@tampagov.net for consideration. Please allow 4-6 weeks for processing.

CONTACT INFORMATION

Date: _____

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: _____

****If approved, refund will be issued to original Payor****

Reason for Refund: _____

Are you requesting that the application/permit be cancelled? Yes No

PROJECT INFORMATION

City of Tampa Permit No.: _____

Project Address: _____

Office Use Only

Approved for refund? Yes Amount: _____ Partial Amount: _____ No

Justification: _____

Eligibility Reviewed by (Printed Staff Name)

Supervisor Name (Printed)

Supervisor Signature

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