



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@cityofportorchard.us

REFUND REQUEST

Mail the completed form to the Permit Center, 216 Prospect St. Port Orchard, WA 98366,
or email to: permitcenter@cityofportorchard.us

This refund request is for a payment on:

Issued Permit Permit Application Deposit Appeal Other

FILE INFORMATION RELATED TO THE PAYMENT.

File Number: _____

Site Address: _____

Tax Parcel Number: _____

Permit Type: _____

Project Description: _____

Payment Type: Credit Card Check Other: _____

Receipt #: _____

Payment Made By: _____

(Name of the person or company on the receipt)

REFUND INFORMATION.

Reason for Request: _____

Refund payable to: _____
(Person or Company Name)

Attention To: _____

Mailing Address: _____

City, State, Zip Code _____

Requester's Name: _____

Relationship to the Company: _____

Email Address: _____

Phone Number: _____

Requester's Signature: _____

Date: _____