



**SAN RAFAEL**  
THE CITY WITH A MISSION

BUILDING DIVISION

1400 5<sup>th</sup> Ave. San Rafael, CA 94915-1560

Tel: (415) 485-3367 Fax: (415) 485-3478

## Residential Resale Report Refund Request

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

Property Address: \_\_\_\_\_

Subject: Resale inspection Refund Request

Dear City of San Rafael, Building Division:

I \_\_\_\_\_ (Applicant/Purchaser of Report) am requesting a full refund for Resale Report number: \_\_\_\_\_.

I understand that in order to qualify for the refund, the following criteria must be met:

- There were no violations found during the Resale Inspection:

**And**

- The “Return Receipt and Buyer’s Certification” is attached with this request:   
(Note: The Buyer’s Cert document must be signed by the buyer and seller)

Name and Mailing Address for Refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Mail or Fax Refund Request to:**

Building Division  
1400 5<sup>th</sup> Avenue  
San Rafael, CA 94915-1560  
Fax: 415-485-3478

**OR**

**Email an electronic copy to:**

[marlena.gallegos@cityofsanrafael.org](mailto:marlena.gallegos@cityofsanrafael.org)

**PLEASE NOTE: IT MAY TAKE 2 TO 4 WEEKS FOR YOU TO RECEIVE YOUR CHECK**