



SAN RAFAEL
THE CITY WITH A MISSION

BUILDING DIVISION
1400 5th 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 _____ (Owner or Authorized Representative) 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” has been received by the City:

Name and Mailing Address for Refund: _____

Phone Number: _____

Mail or Fax Refund Request to:

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

OR

Email an electronic copy to:

marlena.gallegos@cityofsanrafael.org

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