

Request for Refund, Transfer Fund, and/or Withdrawal Permit

Permit Number (s): _____

Amount of Refund: _____

Has work been started: Yes No

Reason for withdrawal: _____

Please refund or transfer amount to/for me. I hereby certify that this claim is true and correct, and that payment has not been received by me:

Name: _____

Street Address: _____

City and Zip Code: _____

Telephone Number: _____

Claimant Signature: _____ Date: _____

Property Owner Name: _____

Property Owner Signature: _____ Date: _____
(If Not Claimant)

You may submit your request at myOCeServices.ocgov.com or call (714) 667-8888 for assistance.

FOR OFFICE USE ONLY

County Approval: _____ Date: _____

Note: _____