

APPLICATION FOR A REFUND

TO BE COMPLETED BY PETITIONER:

Name: _____ Phone: _____

Address: _____

I, _____ Hereby petition the Board of County Commissioners for a refund of fee(s) paid for _____ in the amount of \$ _____ and paid _____ (County Department)

Reason for refund: _____

Signature: _____ Dated this _____ Day of _____

Please allow 15 business days for refund, check will be mailed in an envelope from Klamath County Finance

TO BE COMPLETED BY DEPARTMENT HEAD:

The \$ _____ stated in said petition was received by this department on _____ (date) and is recorded as receipt # _____ in departmental records. It was deposited into and if approved, should be refunded from Line Item Name/# _____

I recommend this refund be **Approved** in the amount of \$ _____ Or **Denied**

Explanation: _____

Authorized Representative Department Head

FOR THE COUNTY ACCOUNTANT:

Refund is hereby: Approved Denied

Chief Financial Officer Date: _____

TO KLAMATH COUNTY TREASURER:

If Petition is approved as indicated above, you are hereby authorized and instructed to issue your Treasurer's check in payment thereof.

REFERENCE:

Check # _____ Issued _____ By _____