

STATE OF CALIFORNIA
 BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 REGISTRATION AND TITLING PROGRAM



APPLICATION FOR REFUND

SECTION I. UNIT DESCRIPTION AND PAYEE INFORMATION

Decal or License Number:	Serial Number:	Date Fees Paid:	County Name:
Enter Name and Address of Party Requesting Refund (Payee)	Name:		
	Street:	City:	State: Zip:
Enter Registered Owner Name and Address (If Different than Payee)	Name:		
	Street:	City:	State: Zip:

SECTION II. CLAIM FOR REFUND AND APPLICANT'S CERTIFICATION

A claim for refund in the amount of \$ _____ in fees paid in error or fees not required to be paid to the Department of Housing and Community Development is hereby requested.

PLEASE STATE BRIEFLY IN THIS SPACE WHY A REFUND IS BEING REQUESTED.

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____, _____
Date City State

Signature: _____