

# COMMITTEE OF ADJUSTMENT REQUEST FOR REFUND



**It is the policy of the Guelph Committee of Adjustment that any request for refund of application fees be submitted to the Secretary-Treasurer in writing, for forwarding to the Committee of Adjustment for decision.**

**Please complete the following form outlining the details of your request. Please note that any refund will be issued to the original payee only.**

1. Application number: \_\_\_\_\_

2. Date of hearing: \_\_\_\_\_

3. Name of owner: \_\_\_\_\_

4. Name of agent (if applicable): \_\_\_\_\_

5. Refund requested by: ☐ Owner ☐ Agent

6. Original payment type: ☐ Cash ☐ Cheque ☐ Credit ☐ Debit

7. Refund amount that is being requested: \_\_\_\_\_

8. Refund to be: ☐ Mailed ☐ Picked up at City Hall

9. Mailing address:

10. Reasons for request (please provide as much detail as possible. Any supporting documentation can be attached to this form):

## **Staff Use Only**

**Committee decision (circle one):** **Approve / Refuse**

**Date of decision:**

**Refund amount:**

**Date cheque requisition sent:**