

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: