



DEPARTMENT OF RESOURCE MANAGEMENT

Planning Division

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CANCELLATION REFUND REQUEST

(Rev: 10-26-23)

REQUEST FOR:

CANCELLATION REFUND

I, _____, request a refund and/or cancellation for **Project #** _____
(Print Name)

Reason for request:

Signature of Applicant _____
Date

The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued. Furthermore, if I am a county or district employee, I also certify that I have deducted the value of any personal gain I may have received including, but not limited to, cash back earned on a personal credit card, frequent flier miles, and room-stay rewards.

Only the Payee on the application of the permit may receive the refund.

For County Use Only

Payee/Claimant Name: _____

Address: _____

City/Zip _____

Phone: _____

NOTE: Refunds will not be processed unless all information is completed.

FOR COUNTY USE ONLY

Approved Not Approved: _____ by _____
Date Name and Title

Reason: _____

Project #: _____

- | | | |
|-------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Applied | <input type="checkbox"/> RAM I | <input type="checkbox"/> Incomplete |
| <input type="checkbox"/> Incomplete | <input type="checkbox"/> RAM II | <input type="checkbox"/> Approved But Not Issued/Completed |