City of Las Vegas

HANSEN CLAIM FOR REFUND FORM

Date prepared:

Invoice # : _____
(Invoice # assigned by Finance)

Preparer's name

Service Address:

Refund Amount: 0.00

Payee Name

Attention to:

Address

Return of Cash Bond?
(click below for "Yes" "No" options)
No

City, State, Zip Code

For the following :
(Application Number and Template Type)

Reason for Refund:

Claimant Signature

Phone Number

Original Forms must be submitted - no fax copies will be accepted.

BELOW FOR DEPARTMENT USE ONLY:

(Refund of a Cash Bond requires two signature approvals)

I certify this demand amount is due the claimant:

Authorized By

Title

Date

I certify this demand amount is due the claimant:

Authorized By

Chris Knight, Director of Building & Safety

Title

Date

Itemized Amounts for Refund:

Item	Fee Amt	% Refund	Refund Amt	Fund/Org	Account	Project	Task	Option
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					

Total Amount to be Refunded: **0.00**