



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street

Mailing address: 216 Prospect Street

Port Orchard, WA 98366

(360) 874-5533 • permitcenter@portorchardwa.gov

REFUND REQUEST

Mail the completed form to the Permit Center, 216 Prospect St. Port Orchard, WA 98366,
or email to: permitcenter@portorchardwa.gov

This refund request is for a payment on:

☐ Issued Permit ☐ Permit Application ☐ Deposit ☐ Appeal ☐ Other

FILE INFORMATION RELATED TO THE PAYMENT.

File Number: _____

Site Address: _____

Tax Parcel Number: _____

Permit Type: _____

Project Description: _____

Payment Type: ☐ Credit Card ☐ Check ☐ Other: _____

Receipt #: _____

Payment Made By: _____

*(Name of the person or
company on the receipt)*

REFUND INFORMATION.

Reason for Request: _____

Refund payable to:
(Person or Company Name)

Attention To: _____

Mailing Address: _____

City, State, Zip Code _____

Requester's Name: _____

**Relationship to
the Company:** _____

Email Address: _____

Phone Number: _____

Requester's Signature: _____

Date: _____