



City of Miami
BUILDING DEPARTMENT

REQUEST FOR REFUND

PERMIT SECTION

PERMIT OR FINANCIAL TRANSACTION INFORMATION:

Permit Number/Financial Transaction ID: _____

Job Address/File Search Address: _____

Reason for refund: _____

CHECK TO BE MAILED TO:

Name of Company/Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name of Company/Owner: _____

Tax ID (if Company): _____

Last four digits of Social Security # (if Owner): _____

Contact Name: _____ Contact Phone Number: _____

ITEMS NEEDED TO PROCESS REFUND

- Copy of permit or financial transaction
- Copy of front and back of check
- Copy of credit card statement (please erase account number)
- Tax ID of Company
- Last four digits of Social Security # (if Owner)
- Address of Company or Owner

NOTE:

You may bring the form in person, mail or fax.

If you are requesting cancellation or revocation please submit the form with your refund package.

City of Miami, Building Department
4th Floor, 444 SW 2nd Ave, Miami, FL 33130
Fax: (305) 416-2158