



# CITY OF POULSBO

## REQUEST & AUTHORIZATION FOR REFUND OF DEPOSITS

FOR DEVELOPMENT

**DEPOSITOR NAME:** \_\_\_\_\_ **PROJECT NO.** \_\_\_\_\_

**PROJECT:** \_\_\_\_\_

**REFUND REQUESTED BY (check one):**    OWNER    AGENT ( see below \*):

**REFUND CHECK PAYABLE TO:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City/State/Zip Code

**\*AGENT CERTIFICATION**

I, \_\_\_\_\_  
(print name)  
hereby certify that I am the agent of the property owner  
and have permission to request this refund on behalf of  
the owner.

\_\_\_\_\_  
Phone Number

↓ ↓   **FOR CITY USE ONLY**   ↓ ↓

**CHECK ALL BOXES THAT APPLY:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> TESTING SERVICES   | <input type="checkbox"/> PROJECT ADMINISTRATION   | <input type="checkbox"/> LEGAL SERVICES |
| <input type="checkbox"/> PLAN REVIEW (CITY) | <input type="checkbox"/> PLAN REVIEW (CONSULTANT) | <input type="checkbox"/> EROSION        |
| <input type="checkbox"/> INSPECTION (CITY)  |   |   |

**Completed Site Civil Checklist (given to Project Manager)**

All issues have been resolved and all required documents have been received. The deposit(s) may now be refunded in the full amount remaining.

\_\_\_\_\_  
**Project Manager** (signature & print name)

\_\_\_\_\_  
**Date**

All outstanding bills, invoices, and wages have been paid for the project named above.

\_\_\_\_\_  
**Administrative Assistant** (signature & print name)

\_\_\_\_\_  
**Date**

THE FOLLOWING ITEMS SHALL BE ENTERED BY THE ADMINISTRATIVE ASSISTANT:      Code: 001 23700000

**Refund processed on:** \_\_\_\_\_  
Date

**By:** \_\_\_\_\_  
Initials

**Check number:** \_\_\_\_\_

**Check amount:**    \$ \_\_\_\_\_