



REFUND REQUEST FORM

Name of organization: _____

Postal address: _____

Name of contact person: _____

Phone (organization) : _____ **(other) :** _____

Email and/or Fax: _____

You are asking for the refund of what type of fee?

Approval of document

Compliance letter

Zoning Confirmation

Building permit

Compliance letter

Request for similar and compatible

Temporary permit request

Date of the request: _____ **Cost :** _____

Reason of the request: _____

FILL OUT IF IT'S FOR A BUILDING PERMIT

Type of facility: _____

Who can use this facility: _____

Address (if different from Postal Address) : _____

Describe the work that was done on the facility: _____

Work completed: _____

Number of permit: _____

I hereby certify that the information on this form is true at the best of my knowledge, dated:

Signature of the contact person:

Submit this Form at the municipality's office, as well as a proof of payment:

Attention: Charline Landry, Service Manager
1709 Route 133, P.O. Box 2 002 Grand-Barachois, N.B. E4P 8V1
Phone: (506) 532-0730•Fax: (506) 532-0735
Email: carole.landry@beaubassinest.ca

For staff use:

Admissible request: Yes _____ No _____ Proof submitted: _____

Refund in the amount of: _____ Cheque: _____

Date: _____ By: _____