



REFUND REQUEST FORM

Name of organization: _____

Postal address: _____

Name of contact person: _____

Phone (organization) : _____ (home) : _____ (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* ___ *Refund in the amount of:* _____
Proof submitted: _____

Date: _____ *By:* _____ *Cheque:* _____