

DEPOSIT RETURN FORM

The APPLICANT/DEPOSITOR information will be attached to all Invoices, Payments and Refunds

TYPE: *BUILDING* *ENGINEERING* *FILM* *PLANNING*

PERMIT NUMBER: _____

TYPE OF DEPOSIT	AMOUNT	DEPOSIT RETURN	TYPE OF DEPOSIT	AMOUNT	DEPOSIT RETURN
OFFICE USE ONLY					
Highway Use			Cleanup		
Hydrant Use			Damage - BP		
Service Disconnection			Damage- Demo		
Water			Landscaping		
Water Meter					
Sanitary 4,6,8"			Off-Site Works		
Storm 4,6,8"			On-Site Works		
City Works			Dept Transportation		

RETURN THE DEPOSIT TO: *(If this information changes please inform the City in writing)*

DEPOSITS FOR SERVICE DISCONNECTS OR NEW CONNECTIONS WILL BE KEPT FOR A MINIMUM OF 6 MONTHS FROM THE DATE THE WORK IS COMPLETED

Refund Cheque Payable To: _____

Send Refund to Attention of: _____

Address: _____

City: _____ **Postal Code:** _____

Phone Number: _____ **Email:** _____

Applicant's Signature _____
Date