Tel. (818) 548-2090 • Fax (818)241-5386 • cityclerk@glendaleca.gov

Application for Refund

BEFORE YOUR CLAIM MAY BE CONSIDERED BY THE CITY OF GLENDALE, FILL IN ALL FIELDS BELOW

Name:	Date:
Telephone #: En	nail Address:
Street Address:	
City: State:	Zip Code:
Amount of Refund Claimed: \$	Date Paid:
Division or Section to which money was paid:	
Purpose for which money was paid:	
Reason for requested refund:	
*Attach original receipt, license, or permit.	
0: /	
Signature:	
All the rules and regulations regarding refund can be found in the Glendale Municipal Code (Sections 4.08.010-4.08.050).	
One must provide all the details that would support a particular refund as stated under Section 4.08.020. An Application	
for Refund must be filed within one year after collection or before the expiration of the license or permit, whichever	
occurs first. Deduction may be requested to cover the expenses accrued for work done. Mail, drop off, or email completed	
form & receipts to the Office of the City Clerk.	
OFFICIAL	USE ONLY
Division / Section Comments	Decommendation Worksheet
SIVIOIGH 7 GOODING COMMINISTRO	Recommendation Worksheet
	Request Amount = \$
	Deduction for Work Accomplished (-)\$
Division / Section Head's Decision	Recommendation Refund = \$
<u> </u>	Signature:
• Approval / Granted? O YES O NO	Date:
• If <i>NO</i> , approved amount: \$	
Signature:	Date: