



RATEPAYER/CONTRACTOR REQUEST FOR REFUND

District Date Stamp:

Today's Date: _____

Send Check to (circle one) Contractor or Ratepayer:

Mailing Address: _____

Property Information:

Owner's Name: _____

APN: _____

Address: _____

Contact Email/Phone: _____

**Submit Request by Mailing Form to:
Ross Valley Sanitary District
Refund Request
2960 Kerner Blvd.**

Type of Refund Request: Sewer Service Charge Permit/Inspection Fee Connection Fee Other

Description of Circumstances Supporting Request:

District Review: _____

Total Amount of Refund Request: \$ _____

For Sewer Service Charge Refund Request Only

Requests for refunds must be made **within 3 years** of the year charged. Documentation supporting both the description of circumstances and the amount requested must be attached. This may include, but not be limited to, property tax bills, water bills, contractor invoices, RVSD inspection reports, etc.

Fiscal Years Requested:

FY: _____ Amount: _____ FY: _____ Amount: _____ FY: _____ Amount: _____

**By signing below, I certify that the above facts are true and correct to the best of my knowledge.*

Name: _____ Signature: _____ Date: _____

RVSD Approved By: _____ Date: _____