

# Air Quality Management (AQM) REQUEST FOR REFUND

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City

State

Zip

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Original Payment: \$ \_\_\_\_\_ made via: Cash Check Credit Card Debit Card

Refund Requested: \$ \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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*FOR INTERNAL USE ONLY*

Number selected from Refund Evaluation Tool used as basis for approval/denial of refund request.

1  2  3  4  5  6  7  8  9

\_\_\_\_\_  
**Air Quality Specialist**  
(Please print name)

\_\_\_\_\_  
**Administrative Secretary Approval**

\_\_\_\_\_  
**Air Quality Specialist Supervisor Approval**

\_\_\_\_\_  
**Division Director Approval**

\_\_\_\_\_  
**FCO Approval**      **AHSO Signature:** \_\_\_\_\_

**Final Refund Amount:** \$ \_\_\_\_\_ (FCO calculates) Cash, Check or Debit Card requires Voucher

Notes: \_\_\_\_\_