

Environmental Health Services (EHS) 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 Debit Card Credit Card

Refund Requested: \$_____

Reason for Refund: _____

Signature _____

Date _____

Mail or fax the completed form (see information at bottom of page), or submit via email to: healthehs@washoecounty.us

FOR INTERNAL USE ONLY

____ Registered Environmental Health Specialist (Please print name) _____

____ Administrative Assistant Approval

____ Registered Environmental Health Specialist Supervisor Approval

____ Division Director Approval

____ FCO Approval AHSO Signature: _____

Final Refund Amount: \$_____ (FCO calculates) Cash or Check requires Voucher

Notes: _____