

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

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

1 2 3 4 5 6 7 8 9 10 Other (requires DHO approval _____)

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, Check or Debit Card requires Voucher

Notes: _____