



*Department of Inspections and Permits  
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**REQUEST FOR PARTIAL REFUND OR  
CANCELLATION OF A PERMIT**

DATE: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

CHECK APPROPRIATE ACTION

REFUND:       CANCELLATION:

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: REFUND CHECK WILL BE PAYABLE TO NAME ON RECEIPT**

MAIL REFUND TO

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_