



# REFUND APPLICATION – Housing Inspection/Agreement

## RESIDENTIAL SERVICES DEPARTMENT

### I. REFUND REQUEST

PROPERTY ADDRESS: \_\_\_\_\_ DEARBORN, MICHIGAN 4812 \_\_\_\_\_

TYPE OF REFUND:    Inspection Fee                      Agreement Fee                      Other \_\_\_\_\_

REASON FOR REFUND:                      No longer selling property  
    No longer purchasing property  
    Other \_\_\_\_\_

### II. APPLICANT INFORMATION

Mail refund to:

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

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

CITY, ST, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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

### III. IMPORTANT INFORMATION

- Refunds are made to the person who made the payment. If a refund is being requested by another person, the person making the original payment must submit authorization *in writing* that the refund may be made to someone else. The written document must be signed and notarized.
- Refunds are processed after fifteen (15) business days have passed since the original payment was made.
- Please allow fifteen (15) business days for processing. Your check will be mailed to you.
- A \$25 processing fee will apply to all refund requests.

#### FOR OFFICE USE ONLY:

Amount Paid:                      \$ \_\_\_\_\_                      Receipt # \_\_\_\_\_                      Case No#: \_\_\_\_\_

Processing Fee:                      \$ \_\_\_\_\_ (25.00)

Amount to be Refunded: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Correction Group #: \_\_\_\_\_

*The Residential Services Department wants your feedback to help improve our service.  
Please visit the Residential Services Department at [cityofdearborn.org](http://cityofdearborn.org) to submit a comment or suggestion.*