



The City of San Diego

APPLICATION FOR MISCELLANEOUS REFUND

Application Date: \_\_\_\_\_ Date Application Rcvd by Dept: \_\_\_\_\_ Receipt #: \_\_\_\_\_

The undersigned hereby requests a refund in the amount of \$ \_\_\_\_\_, Paid On \_\_\_\_\_.  
*Amount* *Date*

Reason for refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refund Request By:

Print Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_

**Claimant's copy of original receipt, permit, or related backup documentation must be attached**

City Use Only

I hereby certify that payment to the City of San Diego of the above stated amount was made under mistake of law or fact, that payee has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of the San Diego Municipal Code §22.1706.

Processed By (Initiator): \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Print Name*

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature* Date: \_\_\_\_\_

IP Document # \_\_\_\_\_ Fund \_\_\_\_\_ BA \_\_\_\_\_ G/L Acct \_\_\_\_\_ I/O \_\_\_\_\_  
COM-6 (Revised 6/12)