



CANCELLATION, ADJUSTMENT OR REFUND REQUEST

Return to: fbinspections@farmersbranchtx.gov

DATE _____

IN ORDER TO PROTECT THE PARTIES INVOLVED IN A CANCELLATION, REFUND, OR ADJUSTMENT REQUEST THE FOLLOWING INFORMATION NEEDS TO BE SUBMITTED. THIS WILL ALLOW THE APPROPRIATE REVIEW AND FOLLOW UP BY STAFF AND INSPECTORS.

FB ADDRESS _____ PERMIT ID _____

OR OTHER FB RELATIONSHIP _____

APPLICANT _____ PHONE _____

SELECT ☐ OWNER
☐ CONTRACTOR
☐ TENANT
☐ AUTHORIZED AGENT

SELECT REQUEST
(MORE THAN
ONE MAY APPLY)

☐ CANCELLATION
☐ ADJUSTMENT
☐ REFUND

REQUEST & EXPLANATION _____

SIGNATURE/TITLE _____ PRINTED NAME _____

PLEASE NOTE: IF A REFUND TO A CREDIT CARD IS POSSIBLE, THE LAST 4 DIGITS OF THE ORIGINAL PAYMENT CARD ARE NEEDED

IF REFUND IS INVOLVED: PAYABLE TO _____ PH # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
E-MAIL _____
LAST 4 DIGITS: _____

OFFICE USE ONLY

REVIEWED BY _____ IF REFUNDING: ORIGINAL AMOUNT PAID \$ _____

DATE _____ REFUND AMOUNT \$ _____

APPROVAL ☐ NO ☐ YES ☐ WITH CONDITIONS

COMMENTS _____

ORIGINAL PAYMENT METHOD: ☐ CASH ☐ CHECK ☐ CC ☐ CC ONLINE

OTHER INFO _____

REFUND METHOD: ☐ CASH ☐ CHECK ☐ CC ☐ CC ONLINE

OTHER INFO _____

PLEASE NOTE THAT IF A REFUND TO A CREDIT CARD IS POSSIBLE, THE LAST 4 DIGITS OF THE ORIGINAL PAYMENT CARD ARE NEEDED

CHECKLIST: ☐ REFUND COMPLETE (CHECK HAS BEEN CUT, CREDIT CARD HAS BEEN REIMBURSED, ETC)
☐ COPIES MADE
☐ PAPERWORK FILED IN PERMIT OR LICENSE