

Environmental Health Services (EHS) REQUEST FOR REFUND

Business Name: _			
Mailing Address:			
_			
	City	State	Zip
Contact Name: _			
Phone Number:			
EMAIL Address: _	 		
Permit Number: _			
Make Check Payable to:	:		
Original Payment: \$	r	made via: □Cash □Chec	k ☐Debit Card ☐ Credit Car
Refund Requested: \$			
Reason for Refund			
Signature			Date
or fax the completed form (s	ee information at b	oottom of page), or submit via e	mail to: healthehs@NNPH.org
	FOF	R INTERNAL USE ONLY	
Registered Envi	ronmental Healt	t h Specialist (Please print na	me)
Registered Envi			me)
Administrative A	Assistant Appro		
Administrative A	Assistant Appro	val	
Administrative A Registered Envi	Assistant Approv ronmental Healt r Approval	val th Specialist Supervisor A	
Administrative A Registered Envi Division Directo FCO Approval	Assistant Appror ronmental Healt r Approval AHS	val th Specialist Supervisor A	pproval