

## Request for Refund, Transfer Fund, and/or Withdrawal Permit

Permit Number (s): \_\_\_\_\_

Amount of Refund: \_\_\_\_\_

Has work been started:  Yes  No

Reason for withdrawal: \_\_\_\_\_

Please refund or transfer amount to/for me. I hereby certify that this claim is true and correct, and that payment has not been received by me:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may email your request to [ocpcustomer@ocpw.ocgov.com](mailto:ocpcustomer@ocpw.ocgov.com) or call (714) 667-8888 for assistance.

### FOR OFFICE USE ONLY

County Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Note: \_\_\_\_\_