



ELECTRICAL WORK PERMIT REFUND REQUEST

Mail to L&I office where permit was obtained.

Refund must be requested by the individual who purchased permit.

Approved refund will be mailed in 2-3 weeks

Refund to be made payable to: Please type or print – press firmly Name Address City State ZIP+4	Refund Code 095 02 29 07 Amount of refund \$
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Electrical Contractor's License # _____

COPY OF ELECTRICAL WORK PERMIT REQUIRED

CREDIT MY ACCOUNT YES NO

Please type or print – press firmly

Name of applicant requesting refund	Electrical Work Permit #	Amount being requested \$
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Reason for applicant requesting refund

Date of request	Signature of applicant
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INSPECTOR'S APPROVAL

Inspector's name	Full approval <input type="checkbox"/>	Partial approval <input type="checkbox"/>	In the amount of \$
Comments			
Service location	Date of approval	Inspector's title	Inspector's signature

Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Electrical Field Supervisor's signature
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FISCAL USE ONLY	Date permit purchased	Warrant #	Date warrant mailed	Authorized signature
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