



Request for Permit Refund

(Must be filled out completely and legibly or processing may be delayed up to two weeks)

*This form does not cover any leasing activity such as LAUSD, Burbank, Granada Hills Hospital, or LA Forest

Permittee: _____

Prod. Title(s): _____

Address: _____

City, State, Zip : _____

Phone No.: _____

Fax No.: _____

Permit/Rider Number: _____

Department(s): _____
(UFSO, RAPG, TRN, GSD see permit)

Brief description of why refund is due: _____

Address: _____ Where refund is to be sent (if different from above)
City, State, Zip : _____
Phone No.: _____ Fax No.: _____

Your Title: _____

Email: _____

Print Name: _____

Signature: _____ Date: _____
Name must appear on the permit

For Film L.A. Inc. use only (do not write in this area)	
<input type="checkbox"/> NSF (see page)	<input type="checkbox"/> Fees paid _____
<input type="checkbox"/> A/R Invoices	
<input type="checkbox"/> Prior Refunds (see attached documentation)	
<input type="checkbox"/> Unpaid/Unfinalized	Permit # _____ Amount: _____
	Status: _____ Date: _____
Deduct from refund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Refund reconciliation is completed and attached	
Refund Approved by: _____	Date: _____
Amount to be refunded: _____	