



JACKSON COUNTY

Oregon

DEVELOPMENT SERVICES

Planning

Room 100
10 South Oakdale Avenue
Medford, OR 97501-2902
Phone: (541) 774-6907
Fax: (541) 774-6791

**REQUEST FOR REFUND and/or
REQUEST TO WITHDRAW AN APPLICATION**

DATE: _____

FILE #: _____

Reason request is being made (check one or both):

Request to withdraw an Application.

Explain why the application is being withdrawn: _____

Request a refund on an Application:

Explain why a request for refund is sought _____

The information requested above is required and must be completed before the request can be processed. **Eligible Refunds will be made only to the person for whom the receipt is made for the file listed at the top of this page.** Approximate processing time will be two (2) to three (3) weeks from the date of receipt if a refund requested.

Print Name Signature

Mailing Address: _____
(Please Print) Street/PO Box City State Zip

FOR OFFICE USE ONLY

Director's Signature (or designee): _____ Date: _____
(Authorizing Refund Request)

Amount to be refunded: _____

Authorizing Staff's Signature: _____ Date: _____