



REFUND REQUEST FORM

Rev: 1 | Revision Date: 11/03/2022 | Print Date:
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11/03/2022

ZONING AND LANDSCAPING DIVISION REFUND REQUEST FORM

DATE:	
APPLICANT NAME:	
REQUESTOR'S NAME:	
EMAIL:	
PHONE:	
CASE/PERMIT/PROJECT NUMBER:	
REQUESTED REFUND AMOUNT:	
TYPE OF REFUND REQUESTED:	<p>SIGN DEPOSIT <input type="checkbox"/></p> <p>ZONING VERIFICATION LETTER <input type="checkbox"/></p> <p>BOARD OF ADJUSTMENT <input type="checkbox"/></p> <p>SPECIMEN TREE RELOCATION <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>_____</p>
REASON FOR REFUND REQUEST:	
MAIL REFUND CHECK TO THE FOLLOWING ADDRESS:	

Complete the information above and email this form to: Chakila Crawford at chcrawford@fortlauderdale.gov or Jazmine Eveillard at jeveillard@fortlauderdale.gov

Note: Refund request forms submitted six (6) months or more after payment was made will require a full bank/credit card statement. Please be sure to redact the account number, social security number, and any other sensitive personal information prior to submitting your statement to our office.