

SMITHFIELD CITY CORPORATION
NEW CONSTRUCTION DEPOSIT
REFUND APPLICATION

Date: _____

Name of owner and **location of completed building:**

Name: _____

Address: _____

City: _____

Building Permit # _____

Date of Pmt. _____ Rct# _____ Amount Pd.\$ _____

Person requesting refund _____

Refund to:

____mail

Name _____

Address _____

City, State, Zip _____

Phone _____

Building Department Approval:

Signed: _____ Date: _____

Engineering Department Approval:

Signed: _____ Date: _____

Comments: _____

Check# _____ Date: _____ Amount\$ _____