



FISCAL & OPERATIONAL SUPPORT DIVISION
PLANNING, ENVIRONMENTAL AND DEVELOPMENT SERVICES DEPARTMENT

REFUND AFFIDAVIT

STATE OF:
COUNTY OF:

BEFORE ME, the undersigned authority, personally appeared
, who, after being duly sworn, swears and affirms under penalty of perjury as follows:

- 1. My name is . I am the [title] of [company], a [state of existence of entity], [type of entity].
2. I have personal knowledge of the matters stated herein.
3. [entity] is entitled to receive a refund of the prepaid transportation impact fees, also known as concurrency reservation fees, in the amount of \$ associated with Transportation Capacity Reservation Certificate No. .
4. I am not aware of any other person, entity, or third party who may claim an interest in the refund I am requesting.

Further Affiant sayeth not.

[Printed Name(s)]

STATE OF:
COUNTY OF:

SWORN TO AND SUBSCRIBED before me this ___ day of ___, 20___
by ___, as an individual/officer/agent, on behalf of himself /herself or on behalf of ___, a ___ corporation/ partnership/ limited liability company. He/she is personally known to me or has produced ___ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ___ day of ___, 20___.

(Notary Seal)

Notary Public
My Commission Expires:_____

PLEASE BE ADVISED THIS AFFIDAVIT DOES NOT CONSTITUTE A FORMAL REFUND REQUEST.