DAMAGE DEPOSIT REFUND APPLICATION



2nd Floor, 10125 – 100 Ave Morinville, AB T8R 1L6 T 780.939.4361

SUBMIT TO: Development@morinville.ca

Date Received Stamp

NOTE:

- Please review the "Builder's Checklist" for completion below prior to submitting your refund application.
- Once your application for refund has been reviewed, this form will be returned to you with the "Response to Applicant" area completed with your refund status.

The information on this form is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Morinville.

| PROPERTY INFORMATION | | |
|--------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------|
| Project Address/Location: | File #: | |
| Legal Address: Lot Block Meridian | Plan; <i>or,</i> Qtr Se | ec Twp Range <u>25</u> West of <u>4 th</u> |
| APPLICANT INFORMATION (Required to Issue Refund) | | |
| Company: | | Phone: |
| Address:(STREET) | (MUNICIPALITY) (PROV) | Postal Code: |
| | | _ |
| | | Fax: |
| Contact Person/Agent:Contact Phone (Cell): | | |
| BUILDERS CHECKLIST (Review for completion prior to requesting refund) | | |
| Lot grading review is complete with no deficiencies that require a re-submission. | | |
| Curb, gutter and sidewalk are visible for Morinville Public Works to inspect. | | |
| Water valve (c.c.) is operational. | | |
| ADMINISTRATION USE ONLY | | |
| Date: | Damage Deposit Amount \$ | Refund Granted: Yes No |
| Approved By: | Signature: | |
| RESPONSE TO APPLICANT: | | |
| Your refund request has been forwarded to Accounts Payable; your refund check will follow in the mail. | | |
| There are outstanding deficiencies on your file that must be addressed prior to refund being granted: | | |
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