

STATE OF NEW MEXICO

MICHELLE LUJAN GRISHAM, GOVERNOR

Linda M. Trujillo, Superintendent

Clay Bailey, Acting Director

PERMIT REFUND REQUEST FORM

INSTRUCTIONS:

Please complete <u>ALL</u> sections of this form. <u>Signature is required from Qualifying</u> Party.

Failure to do so will result in your request being delayed or possibly denied. Please remember to fill out a separate form for each permit refund request.

Company Name:Qualifying Party Name:
Company Address:
Company City, State, Zip:
Phone #:
Contractor License #:
Permit #:
Permit Type:
Permit Amount:
REASON FOR REFUND (please be descriptive but brief):
Signature of Qualifying Party:
Signature of Qualifying Party: Date:
Signature of Qualifying Party:
Signature of Qualifying Party: Date: PLEASE SELECT METHOD OF REFUND: CREDIT my PRE-PAID ACCOUNT CLOSE my PRE-PAID ACCOUNT and issue a check for the trust account balance as I will no longer be pulling permits with the states Construction

