

Environmental Health Services Division

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TTY Relay: 711

www.kingcounty.gov/health



**Public Health – Seattle & King County
Environmental Health Services Division - Refund Request**

To request a refund, please have the following information ready:

- Validated permit or application to be attached
- Payment transaction number
- Payment transaction receipt

Refund to (insert name): _____

Mailing address (where refund will be mailed to)		
Street:		
City:	State:	Zip code:
Permit Information		
Permit #:	Payment Transaction Number:	
Amount Paid:	Total Refund Requested: <i>(Please subtract processing fee from total requested)</i>	
Reason for Refund Request:		

Processing fee: Plumbing & Gas Piping \$41; All other programs \$35

Email this completed form to PublicHealthPermits@kingcounty.gov and include REFUND REQUEST in the subject line of your email.

To be completed by EHS Permit Technician

To: Accounting Services

From: _____ Site: _____ Phone #: _____

Subject: REFUND REQUEST

Processing fee waived (yes/no): _____

Reason for waiving: _____

POETA: _____

PHSKC EHS Approver Printed Name: _____

PHSKC EHS Approver Signature: _____

Date: _____