

## Planning & Development Services Refund/Transfer Requests



REFUND	
Date of Request:	
Payee Name:	
Address:	
Phone Number:	
Email Address:	
Permit Number:	
Original Paid Amount:	
Reason for Refund: (Required)	

**Please note the following fees are non-refundable: Plan Review, Sign Review, Electronic Scanning, Gas Drilling & Production Permit Application, and Credit Card Convenience/Service Fees.**

TRANSFER	
Date of Request:	
Payee Name:	
Address:	
Phone Number:	
Email Address:	
<b>From</b> Permit Number:	
<b>To</b> Permit Number:	
Original Paid Amount:	
Reason for Transfer: (Required)	

**Please note the following fees are non-transferable: Plan Review, Sign Review, Electronic Scanning, Gas Drilling & Production Permit Application, and Credit Card Convenience/Service Fees.**

*Please email refund requests to [Claudia.stewart@arlingtontx.gov](mailto:Claudia.stewart@arlingtontx.gov).*