

WITHDRAWAL AND REFUND REQUEST FORM

Project Number(s): _____

Case Number(s): _____

Project Address: _____

Assessor Parcel Number(s): _____

I/We hereby request a refund in accordance with the LA County Planning [Application Filing Fee Refund Policy](#).

OWNER NAME

OWNER SIGNATURE

DATE

PAYER NAME (If different than Owner)

PAYER SIGNATURE

DATE