

CAYMAN ISLANDS GOVERNMENT - DEPARTMENT OF PLANNING

Telephone: (345) 244-6501 Fax: (345) 769-2228
P.O. Box 113, Grand Cayman KY1-9000, Cayman Islands

REQUEST FOR REFUND

Section 1

Applicant Information.

Company Name: _____

Contact Name: _____

Address: _____

P.O. Box: _____ KY-Code: _____

Telephone #: _____

Section 2

Permit / Project Information.

Permit/Project Type: _____ Permit/Project #: _____ Receipt #: _____

Job Address / Block & Parcel: _____

Reason for Requested Refund: _____

Section 3

Refund Information.

Please ensure that the mailing address provided in Section 1 above is accurate, as any refund granted will be delivered as a check via post.

As per Part V of Schedule 1, and Sections 2 and 3 of Schedule 2 of the Development and Planning Regulations (2011 Revision), the rate of refund will be granted at either:

(a) fifty per cent of the fee payable; or (b) \$50.00 - whichever is greater

In the event of a Departmental error only, please enter the total amount that was incorrectly charged: \$ _____

Section 4

I certify that:

t I am the permit/project applicant or the permit/project applicant's authorized agent.

t I have read this form and state that all information is correct.

Signature

Print Name

Date