



## REQUEST FOR REFUND OF FEES

Will County Land Use Department  
 58 E. Clinton St., Suite 100 • Joliet, Illinois 60432  
 Telephone (815) 740-8140 • Facsimile (815) 727-8638

**Internet Site** - <http://www.willcountyillinois.com/County-Offices/Economic-Development/Land-Use>

**Request information:**

Property owner: \_\_\_\_\_

Agent/attorney name: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Fax number(s): \_\_\_\_\_

E-mail(s): \_\_\_\_\_

Subject property address: \_\_\_\_\_

PIN (permanent index number): \_\_\_\_\_

Tax Identification Number *or* Social Security Number: \_\_\_\_\_

Describe reason for refund request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Refund Request Information		Notes
Permit or zoning case number:		
Type of payment (cash or check):		
Receipt number:		
Date of receipt:		
Total fee paid:	\$	
Subtract non-refundable fees:	<\$ >	
Subtract any applicable fees:	<\$ >	
Refund request total:	\$	

**Signatures and notarization:**

I consent that all above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Name (identify owner/agent/attorney)

Signature

Date

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SUBSCRIBED AND SWORN TO BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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**For office use only**

Date request for refund received: \_\_\_\_\_

Received by (staff name – print): \_\_\_\_\_

Staff signature: \_\_\_\_\_

Copy of receipt for payment attached  YES  NO

Copy of canceled check (if payment made by check) attached  YES  NO  N/A  
*(Routing number and other personal information must be blacked out)*

County Board consideration required?  YES  NO

County Board decision:  Approved  Denied *(Attach copy of signed resolution)*

Notes: \_\_\_\_\_

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