



Division of Environmental Health Services
4545 Crain Highway/P.O. Box 1050
White Plains, MD 20695
301-609-6751 Fax: 301-609-6684

Charles County Department of Health Refund/Withdrawal Request Form

Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Type of Application: _____
Property Information:
Property Tax ID: _____ Tax Map _____ Block _____ Parcel _____
Property Owners Name: _____
Location/Name of Business: _____
EIN TAX ID/SSN: _____
Receipt Number: _____ Amount of Refund: _____
Reason for Refund: _____
Signature: _____ Date: _____

REFUNDS WILL TAKE 6-8 WEEKS TO PROCESS

FOR OFFICE USE ONLY

Division: Environmental Health Reason for Refund: _____

Verified By: _____ Date: _____
Approved By: _____ Date: _____
RECEIPT NUMBER: _____
REFUND AMOUNT: _____