**Charles County Department of Health**
**DIVISION OF ENVIRONMENTAL HEALTH**
**P.O. BOX 1050, WHITE PLAINS, MD 20695**
**Office# 301-609-6751 Fax# 301-609-6684**
http://www.charlescountyhealth.org/

# Refund/Withdrawal Request Form

Please complete all applicable fields. An EIN TAX ID # or SSN is required for all refunds. Refunds will take 6 to 8 weeks to process.

Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

EIN TAX ID/SSN: _____

Name of Business: _____

Business Address: _____

Type of Application: _____

Property TAX ID: _____ Tax Map: _____ Parcel: _____

Property Owner's Name: _____

Receipt Number: _____ Amount of Refund: _____

Reason for Refund Request: _____

Printed Name: _____

Signature: _____ Date: _____

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FOR OFFICE USE ONLY

Division: Environmental Health Refund Amount: _____

Verified By: _____ Date: _____

Approved By: _____ Date: _____