



MUNICIPALITY OF ANCHORAGE

DEVELOPMENT SERVICES DEPARTMENT
4700 Elmore Road
Anchorage, AK 99507



REFUND SLIP

Customer Name: _____
(Print Last Name, First, Middle Initial)

Date: _____

Type of Refund:
(Check One)

Cash

Credit Card

Check

Other _____

Reason for Refund: _____

Customer Signature: _____

Please send refund check to:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Departmental Use Only

Date of Original Transaction: _____

Transaction Number: _____

Refund approved for: \$ _____

Cash Receipt Number: _____

Dept/Div. Approval: _____

Date: _____

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G/L	Bus Area	Cost Center	Fund	I/O	Grant
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