

CANCELLATION REQUEST FORM

Applicant: _____ Date: _____

Agency File Number: _____ Permit Number: _____

Site Address: _____

City: _____ Province: _____ Postal Code: _____

Applicant Refund Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____ Email: _____

Do you require all documentation submitted with application to be returned? Yes: No:

Reason for Cancellation: _____

Applicant's Name (print): _____ Applicant's Signature: _____

Office Use Only

Fees (per fee calculator): \$ _____

Authorized by (print): _____

Date: _____

Authorized by (signature): _____

SCO Designation Number: _____

Employee's Name (print): _____

Date: _____

Employee's Signature: _____

Authorized Refund: \$ _____

G/L Code: _____

Cost Centre: _____

Tax Code: _____

Notes: