

REFUND REQUEST

CPS

MITRIP

IHAP

DATE

PLEASE CREATE A REFUND FOR THE FOLLOWING INDIVIDUAL OR FIRM FOR THE AMOUNT INDICATED.

APPLICANT/CONTRACTOR NAME		E-MAIL ADDRESS		
APPLICANT/CONTRACTOR ADDRESS		CITY	STATE	ZIP CODE
CEPAS CONFIRMATION/REFERENCE NUMBER/DEPOSIT TICKET NUMBER		PERMIT APPLICATION NUMBER		
DATE OF PAYMENT				

REASON (Comments Required)

Government Agency (Exempt
within jurisdiction's boundary)

Benefit to the state

MDOT Project Job Number

Applicant Error Selection/
Selection of Wrong Fee

Over Payment

Computer Applications System
Abnormality

Other

AGENT'S NAME		OFFICE NAME
AMOUNT RECEIVED	MDOT REQUIRED	AMOUNT TO BE REFUNDED

PARTIAL REFUND EXPLANATION

ELECTRONIC PAYMENT

THE UNDERSIGNED HEREBY CERTIFIES THAT THE AMOUNT OF REFUND REQUESTED ABOVE IS CORRECT.

SIGNATURE	DATE
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FOR CEPAS/ONE-STOP STA USE ONLY

REFUND ISSUED AND AMOUNT FORWARDED IN ACCORDANCE WITH ABOVE REQUEST.

REFUND CONFIRMATION NUMBER	DATE	SIGNATURE (CEPAS Representative)
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