



RM of Wilton #472 Box 40 Marshall SK S0M 1R0

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permits@rmwilton.ca nwroadpermits.com

## **Permit Cancellation/Refund Request**

This form must be signed and submitted with complete and accurate information within 5 days of purchase or refund will not be granted.

| Refund request date:                                                                                                                                             |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Company:                                                                                                                                                 |                   |
| Name of Requestor:<br>(please print)                                                                                                                             |                   |
| Requestor Phone Number:                                                                                                                                          |                   |
| Permit Number to be refunded:                                                                                                                                    |                   |
| Purchase date of permit:                                                                                                                                         |                   |
| Total Amount to be refunded:                                                                                                                                     |                   |
| Reason for Refund:                                                                                                                                               |                   |
|                                                                                                                                                                  |                   |
| I (print requestor name) request that the Northwest Municipal Services Permit Office credit the amount stated above to the credit card used at time of purchase. |                   |
| Signature of Requestor                                                                                                                                           | Date (DD/MM/YEAR) |
| Please fax or email this form with a copy of the permit to be refunded to the Northwest Municipal                                                                |                   |

Please fax or email this form <u>with a copy of the permit to be refunded</u> to the Northwest Municipal Services Permit. If you have not heard back from our office in regards to your request within 5 business days, please contact Northwest Municipal Services as soon as possible.

Thank you.