



City of Boiling Spring Lakes
9 E. Boiling Spring Road
Southport, NC 28461
Phone 910-363-0025 / Fax 910-363-0029
www.cityofbsl.org

~ Public Works Street License Fee Refund Request Form ~

THIS FORM MAY NOT BE SUBMITTED ELECTRONICALLY

- Payment must be issued to the person/company that made the Road License Fee Payment
- Include a signed and witnessed Release and Indemnity Form

Requestors Information:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Fee Assessed Information:

Site Address _____

Permit Number _____ Total Number of Refunds Requested for this Form _____
(see attachment acceptable)

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**~ Internal Use ~**

**Date Request Received** \_\_\_\_\_

Total Number of Refunds to be Refunded for this Form \_\_\_\_\_ \$ Amount \_\_\_\_\_

Signed Release & Indemnity Form Received \_\_\_\_\_

Date of Payment from FMS \_\_\_\_\_ Verified By: \_\_\_\_\_

Comments \_\_\_\_\_

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City Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Refund Check Number \_\_\_\_\_ Refund Check Date \_\_\_\_\_

Amount of Check \_\_\_\_\_ Mailed \_\_\_\_\_ Picked Up in Office \_\_\_\_\_ Date \_\_\_\_\_