



City Of Hermosa Beach

Finance Administration
1315 Valley Drive
Hermosa Beach, CA 90254
(310) 318-0254

REQUEST FOR REFUND OF UNCLAIMED FUNDS

(PLEASE PRINT CLEARLY)

NAME:	
ADDRESS:	
PHONE NUMBER:	
AMOUNT OF CLAIM:	
GROUND(S) FOR CLAIM:	
PERMIT NUMBERS:	
(IF APPLICABLE)	
JOB ADDRESS(ES):	
(IF APPLICABLE)	
CHECK NUMBER:	PAYEE:
(IF APPLICABLE)	

I hereby request a refund of the above referenced unclaimed funds.

Signature: _____ **Date:** _____

PLEASE NOTE: Submission of this request is not a guarantee that you will receive a refund. The City will determine eligibility upon examination of the grounds for the claim and a physical inspection of the job site if applicable.