

**City of Las Vegas**

**HANSEN CLAIM FOR REFUND FORM**

Date prepared

Invoice # : \_\_\_\_\_  
 (Invoice # assigned by Finance)

Applicant name

Service Address:

Requestor's Name (if other than applicant)

Payable to:

Address

City, State, Zip Code

**Return of Cash Bond?**  
 (click below for "Yes" "No" options)

**Yes - 721100.0.163704.0.0.0**

For the following :

(Application Number and Template Type)

Reason for Refund:

Applicant Signature

Phone Number

**Original Forms must be submitted - no  
 fax copies will be accepted.**

**BELOW FOR DEPARTMENT USE ONLY:**

*(Refund of a Cash Bond requires two signature approvals)*

I certify this demand amount is due the claimant:

I certify this demand amount is due the claimant:

Authorized By

Authorized By

Title

Title

Date

Date

**Itemized Amounts for Refund:**

Item	Fee Amt	% Refund	Refund Amt	Fund/Org	Account	Project	Task	Option
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					
			0.00					

**Total Amount to be Refunded:**

**0.00**