



County of San Diego, Planning & Development Services
TRUST ACCOUNT REFUND REQUEST
 SUPPORT SERVICES DIVISION

Please review the instructions for this form on the reverse side. If you have any questions regarding the completion of this form, please call: (858) 694-2320.

Financially Responsible Party:
 (FINRESP) _____

Customer #: _____

Trust Account #: _____

Email: _____

Work Phone: _____ Cell Phone: _____
(area code) (area code)

Project Location: _____
Street Address City State Zip Code

Project Manager: _____

- This project is completed. I request a refund of any remaining funds on account.
- I wish to withdraw from this project. I request a refund of any remaining funds on account.

MAIL REFUND TO:

Person of Financial Responsibility: _____

Company Name (if applicable): _____

Mailing Address: _____

Submitted by (Print Name): _____

Signature: _____ Date: _____

----- OFFICIAL USE ONLY -----

Date Received: _____

Date Processed: _____

Processed By: _____



County of San Diego, PDS, Support Services Division

Continued

INSTRUCTIONS

- FINRESP:** Enter the customer's name as is appears on the Trust Account Billing Statement. This is the Financially Responsible Party's name.
- Customer #:** Enter the 7-digit Customer Number located on the top left side of the Trust Account Billing Statement.
- Note:** *Submittal of this form will change the address of all County of San Diego accounts under this customer number.*
- Trust Account #:** Enter the Trust Account number indicated on the top left of the Trust Account Billing Statement.
- Email:** Enter the customer's preferred email address.
- Phone #'s:** Enter daytime work and cell phone numbers. Please include area codes and any extension numbers.
- Project Location:** Enter the location of the project, including address, city, state and zip code.
- Project Manager:** Enter the name of the County Project Manager assigned to the project.
- Project Completion Check Box:** Project completion means that all requirements have been met, the project permit has been issued, and inspection has been completed and approved.
- Project Withdrawal Check Box:** A project withdrawal must be with the mutual concurrence from the County Project Manager.
- Person of Financial Responsibility:** **Must Be** the Financially Responsible Party (**FINRESP**).
- Mailing Address:** Refunds will **only** be mailed to the Financially Responsible Party (**FINRESP**) on file for this project.
- Submitted by:** Print name of person requesting refund, sign and date.
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- Mail or Deliver to:** PLANNING & DEVELOPMENT SERVICES
TRUST ACCOUNT CUSTOMER SERVICE UNIT
5510 OVERLAND AVE STE 310
SAN DIEGO CA 92123-1239
- Or email to:** PDSDevDep@sdcounty.ca.gov