

**Environmental Health – Request for Refund**

A \$50.00 Processing Fee applies to all applications cancelled prior to field work.

Location of Service: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Requested Amount to Refund: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Name and Mailing Address for Refund**

Name (Clearly Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**For Office Use:**

**Mgr. Initials:** \_\_\_\_\_ **Refund Amount:** \_\_\_\_\_  Approved  Denied  Waived

**Account Number:**

- Body Art – 221-1000-625-6581-6170-1000-CPBC-21-22
- Campground – 221-1000-625-6201-6170-1000-DEQ-21-22
- MDHHS – 221-1000-625-6580-6170-6116-CPBC-21-22
- Food – 221-1000-625-6580-6170-6116-CPBC-21-22
- Land Division – 221-1000-626-6591-6170-1000-CPBC-21-22
- Pool – 221-1000-625-6204-6170-1000-DEQ-21-22
- Septic/Well (COU, SP/WP, SR/WR, ST, Community, IW, Test, T3,) – 221-1000-626-6591-6170-1000-CPBC-21-22
- Real Estate Eval – 221-1000-626-6591-6170-6112-CPBC-21-22, Refund Amount: \_\_\_\_\_

Lab Fees: 221-1000-625-6045-6170-6109, Refund Amount: \_\_\_\_\_

- Site Eval – 221-1000-626-6591-4960-1000-CPBC-21-22
- Subdivision – 221-1000-626-6591-6170-6113-CPBC-21-22
- Type II – 221-1000-626-6203-6170-1000-DEQ-21-22

Email to: [KCEHmail@kentcountymi.gov](mailto:KCEHmail@kentcountymi.gov) or Fax to: 616-632-6892