



NEW YORK CITY DEPARTMENT OF BUILDINGS
RF1 - REFUND REQUEST APPLICATION

Form must be type written

Please read the instructions for important information before completing this form.

1 Applicant Information: Request Date:
(Print Name) (Phone #) (E-Mail Address)

2 Account Information: Transaction Date (mm/dd/yy): Invoice#/Online Transaction ID# Order# Application/Job # (If applicable) The application status is a factor in determining the refund amount. Borough or Unit: Block: Lot:

3 Reason For refund Request: Check the appropriate box below and attach additional documentation if necessary. Fee Exempt (FE) ECB Dismissal (ECB) Overpayment (OP) Bona Fide/New Owner (BFP) Duplicate Payment (DUP) Application Withdrawn (AW) Duplicate Filing (DF) Other (Attach Justification)

4 Payment Information: Attach Supporting Documentation Check the appropriate box and specify dollar amount: Credit Card Cash Check/Money Order/e-Check a) Amount Paid:\$ Full Filing Fee Partial Filing Fee b) Correct Fee: \$ c) Request Amount: \$ (A minus B) If payment was made by check or money order a copy of the front and back of the cancelled check or money order and all supporting documentation must be submitted with this application to the Borough Office or Central Unit where payment was made. If payment was made by credit card a copy of the credit card receipt is required

5 Refund Check Information: Approved refunds are issued to the maker of the check only, the maker is the person who issues and signs the check. I hereby affirm that I am entitled to a refund for the reason claimed above. Any documents submitted in support of claim are unaltered Name: Signature: Street Address Apt/Floor City State Zip Code I am the owner of the property I am the filing representative for the owner I am an officer of the cooperative management board I am a member of the condominium management board I am the attorney/legal representative for the owner Other: Explain the nature of your relationship to the property owner

6 Internal Use Only-Borough Office: Received Date: Appl Status Approve Disapprove Check box if copies of check is submitted: If a copy of the check is not submitted DO NOT FORWARD THE APPLICATION TO FISCAL: REFUND WILL NOT BE ISSUED WITHOUT THE NAMES AND SIGNATURES OF AUTHORIZED STAFF 1st Reviewer Print: Signature: Date: 2nd Reviewer Print: Signature: Date: Refund Amount: \$ Mandatory Comments:

7 Internal Use Only-Central Administration: Control #: Approve Disapprove 1st Reviewer Print: Signature: Date: 2nd Reviewer Print: Signature: Date: Refund Amount: \$ Mandatory Comments:

8 FMS Date: FMS CRE #: FMS Approver Print: