

Rental Registration Refund Request

You must submit a refund request for **each** parcel



**City of Cortland
Fire Department
Code Enforcement**

| | |
|----------------------------------|-------------------------------------|
| Office Use Only: | Parcel Identification Number: _____ |
| Date Application Received: _____ | Temporary Rental Permit #: _____ |
| Date Application Paid: _____ | |
| Date Refund Processed: _____ | |

Physical Address of Rental Property: _____

Tax Map ID #: _____

Refund Request Information:

I am requesting a refund in the amount of \$_____ for the following reasons:

Please complete the attached W-9.

REFUNDS WILL NOT BE PROCESSED WITHOUT IT!!!

Your Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Signature: _____

Date: _____