

RELEASE OF FUNDS REQUEST

| | | |
|---|-----------|---|
| NAME OF PAYEE: | | DATE: |
| SD/DVP/DP: | | |
| CIVIC ADDRESS: | | |
| REFUND IS TO BE PAID TO: | | |
| ** REFUND WILL BE PAID TO ORIGINAL PAYEE UNLESS ORIGINAL PAYEE DIRECTS OTHERWISE | | |
| | | _____ ** Signature of Original Payee |
| MAILING ADDRESS: | | |
| CITY: | PROVINCE: | POSTAL CODE: |
| TYPE OF DEPOSIT: | | |
| (i.e. Latecomers, 1 Year Maintenance Bond, Contractors Holdback, Subdivision Performance Bond, Other) | | |

The personal information on this form is collected under the authority of the Community Charter and will be used for the purpose of running the municipality. If you have any questions about the use and collection of this information, contact the Corporate Officer - 250.245.6417.

| FOR OFFICE USE ONLY |
|---|
| APPROVING OFFICER: _____ (Date: _____) |
| COMMENTS: _____ _____ |
| DEVELOPMENT SERVICES/ ENGINEERING: _____ (Date: _____) |
| COMMENTS: _____ _____ |
| TREASURER* _____ (Date: _____) (*signature to authorize refund) |
| COMMENTS: _____ _____ |

DATE RECEIVED BY ACCOUNTS PAYABLE _____

| | |
|---------------|----------------------------------|
| Distribution: | |
| | Approving Officer |
| | Development Services/Engineering |
| | Finance & A/P |
| | Applicant |

AMOUNT OF DEPOSIT: \$ _____

LESS: DEDUCTIONS _____

REFUND: _____ \$ _____

GL ACCOUNT

