

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 general authority of the **Community Charter** and **Freedom of Information & Protection of Privacy Act (FOIPPA)** and is protected in accordance with **FOIPPA**. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected or for a use consistent with that purpose. If you have any questions about the use and collection of this information, contact the Corporate Officer at 250.245.6417 or foi@ladysmith.ca.

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

