

TOWN OF YARROW POINT
COMMUNITY DEVELOPMENT



4030 -95th Ave NE
Yarrow Point, WA 98004
(425) 454-6994 Fax: (425) 454-7899

Request for Release of Deposit

Street Deposits Refunded 180 Days After Final Inspection

- Requested by Town Official
 Requested by Owner
 Requested by Owner Agent

Deposit Type/Amount: _____

DATE: _____ PERMIT NUMBER: _____

PROJECT NAME: _____

SITE ADDRESS: _____

OWNER NAME: _____ PHONE: _____

MAILING ADDRESS: _____

DEPOSITS WILL BE REFUNDED TO THE ORIGINAL PAYER UNLESS DOCUMENTATION IS PROVIDED INDICATING OTHERWISE

DATE OF FINAL INSPECTION: _____

DATE DEPOSIT TO BE REFUNDED: _____

AMOUNT OF REFUND: _____

EXPLANATION OF DEDUCTIONS: _____

SIGNATURE OF AUTHORIZING OFFICIAL: _____