

REQUEST FOR REFUND

Name: Blossom Industrial Park

(Please type or print)

Address: P.O. Box 799, Linden, CA 95236

Telephone number: 209 931-6334 Ext. n/a

Amount of refund requested: \$71,962.96

Date paid to City 11/2/11 Receipt # 3198

Total amount paid: \$71,962.96 Account# Permit# 11-20000368/P11-295

Situs address: 3263-E. Cherokee Road

Reason for requesting refund: Property to be developed in the County of
San Joaquin

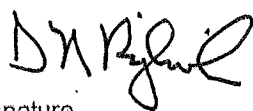
Contact Name: David Rajkovich

I Certify under penalty of perjury that the information provided is true and correct.

Subscribed and sworn on this 15th day of November, 2013

David Rajkovich

Customer Business Name


Signature

FOR OFFICE USE ONLY

Recommended by:

Department Head

Date:

Approved:

Finance Officer

Date:

AccountNo: _____

Trust Accounts – please forward to Accounting for Approval

Note: Refunds under \$499 - Department Head signature only.

Refunds over \$499 - Department Head/Finance Officer signatures required.