



MASON COUNTY

Public Health & Human Services

415 N. 6th Street
 Shelton, WA 98584
 Shelton: 360-427-9670, Ext. 400
 Belfair: 360-275-4467, Ext. 400

Request for Refund

Client Request *(Must be signed by the person who paid the fee)*

Name on Receipt: _____ Parcel #: _____

Receipt Number: _____ Amount: _____

Requested For The Following Reason: _____

Signature: _____ Date: _____

Please Mail Refund To The Following:

Payable To: _____

Address: _____

City _____ State _____ Zip _____

For Department Use Only	
Refund Request Review	
Reviewed By: _____	
Comments: _____	
_____ Suggested Amount: _____	
Signature: _____	Date: _____
Refund Request Approval	
Fund #: _____	Amount To Refund: _____
General Receipt #: _____	Department: _____
Treasurer Receipt #: _____	Date: _____
Revenue Line #: _____	Date: _____
Revenue Line #: _____	Amount: _____
Approved By: _____	Amount: _____
Approved By: _____ Date: _____	
[] David Windom, Director	

Mason County Public Health and Human Services Policy for Refund of Fees

The Mason County Public Health Director, or their designee, may authorize a refund of fees collected by the department. Fees will be refunded according to the following guidelines:

All Other Program Fees

Requests for refunds shall be in writing utilizing the Mason County Public Health Request for Refund form. The form is to be submitted by the original applicant and must be accompanied by the original receipt.

Fees will not be refunded after processing work has been substantially done or after a permit has been issued.

20% of the fee, or a minimum of \$50, will be held for administrative costs.

If the payment for a service or permit was caused by an error of Mason County Public Health staff, a 100% refund shall be made.