FROM: _____ DATE:_____

PASCO COUNTY PAVING ASSESSMENTS
7530 LITTLE ROAD - SUITE 320
NEW PORT RICHEY, FLORIDA 34654-5598

(727) 847-8140 OFFICE
(727) 847-8084 FAX

TO: _____

You sent us check # _____ for payment of a paving assessment. This payment resulted in an overpayment, therefore, a refund is due.

GENERAL INFORMATION:

YOUR FILE NO._____ SELLER'S NAME_____

BUYER'S NAME_____ OTHER_____

We can only refund the property owner that was responsible for paying the paving assessment.

NAME (WHO SHOULD GET REFUND):_____

ADDRESS (WHO SHOULD GET REFUND):_____

_____

_____

If more than one recipient should receive the refund (i.e. Mr. & Mrs.), please provide us with the names, addresses, and percentages each person should be refunded.

Thank you.

_____
COMPANY REPRESENTATIVE PROVIDING INFORMATION &/OR AUTHORIZING THE PAVING ASSESSMENT REFUND