FOOTHILLS HEALTH DISTRICT
Application Fee Refund Request

County:  ❑ Rutherford  ❑ McDowell

Please fill out the information below and return this form to the office where the application was processed.

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ New</td>
<td>❑ Septic and Well</td>
</tr>
<tr>
<td>❑ Re-Evaluation</td>
<td>❑ Septic only</td>
</tr>
<tr>
<td>❑ Addition / Expansion</td>
<td>❑ Well Only</td>
</tr>
<tr>
<td>❑ Non-Residential/Commercial</td>
<td>❑ Water Sample</td>
</tr>
<tr>
<td>❑ Repair</td>
<td>❑ Existing Septic Inspection</td>
</tr>
<tr>
<td>❑ Abandonment</td>
<td>❑ Food Service Fee</td>
</tr>
</tbody>
</table>

County Pin #: ______________________________ Application #: ______________________________

Applicant: ___________________________________________________________________________________________

Phone#: __________________________ Email: _____________________________________________________________

Contact Person/Agent Name: ___________________ Contact #: _______________________________

Property Location/ 911 Address: _______________________________ City: __________________ State:_____ Zip:_________

Subdivision: ________________________________________________________________

Lot: _____________  Phase: ___________  Section: ___________

Original Application Date: ________________

Original Method of Payment:  ❑ Cash ❑ Check #:_______________ ❑ Credit Card

Original Fee Paid: ________________ Original Receipt #: ________________

Reason for Request: ____________________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Refund Mailing Address:____________________________________________________________________________________

____________________________________City:___________________State:_____Zip:_________

Applicant/Legal Agent: (Printed Name) ________________________________________________ (Signature) __________________________

Applicant/Legal Agent: (Printed Name) ________________________________________________

Health Department Return Address:

Rutherford County Health Department  McDowell County Health Dept.
Attn: Environmental Health  Attn: Environmental Health
221 Callahan Koon Road  408 Spaulding Road
Spindale, NC  28160  Marion, NC 28752

Email: mcdowellenv@foothillshd.org
rutherfordenv@foothillshd.org

July 2019