

# Air Quality Management (AQM) REQUEST FOR REFUND

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Original Payment: \$ \_\_\_\_\_ made via:  Cash  Check  Debit Card  Credit Card

Refund Requested: \$ \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail or fax the completed form (see information at bottom of page), or submit via email to: [aqmdadmin@nnph.org](mailto:aqmdadmin@nnph.org)

**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
**Air Quality Specialist Supervisor Approval**

\_\_\_\_\_  
**Administrative Secretary Approval**

\_\_\_\_\_  
**Division Director Approval**

\_\_\_\_\_  
**FCO Approval**      **AHSO Signature:** \_\_\_\_\_

**Final Refund Amount:** \$ \_\_\_\_\_ (FCO calculates) Cash or Check requires Voucher

Notes: \_\_\_\_\_