

CITY OF HIGHLAND IL
BUILDING & ZONING DEPARTMENT
(618) 654-7115 (618)654-5570 (FAX)

REQUEST FOR CERTIFICATE OF OCCUPANCY DEPOSIT REFUND

NAME OF PERMIT HOLDER OF RECORD _____

PERMIT HOLDER ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____

DATE _____

PERMIT NUMBER _____

OFFICIAL USE ONLY

CERTIFICATE OF OCCUPANCY NUMBER _____

ADDRESS PERMIT ISSUED FOR _____

COMPLIANCE MET? Y N

IF NOT IN COMPLIANCE - REASON

AMOUNT OF REFUND RETURNED _____

AUTHORIZED BY _____

DATE CHECK ISSUED/ TO WHOM _____

COMMENTS: _____
