

TOWN OF YARROW POINT



4030 -95<sup>th</sup> Ave NE  
Yarrow Point, WA 98004  
(425) 454-6994 Fax: (425) 454-7899

# Request for Release of Deposit

*Deposits Are Refunded 180 Days Following Final Inspection*

- Requested by Town Official
- Requested by Owner
- Requested by Owner Agent

Deposit Type/Amount: \_\_\_\_\_

DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**DEPOSITS WILL BE REFUNDED ONLY TO THE PROPERTY OWNER  
NOTED ON THE ORIGINAL PERMIT APPLICATION**

DATE OF FINAL INSPECTION: \_\_\_\_\_

DATE DEPOSIT TO BE REFUNDED: \_\_\_\_\_

AMOUNT OF REFUND: \_\_\_\_\_

EXPLANATION OF DEDUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF AUTHORIZING OFFICIAL: \_\_\_\_\_