

CITY OF MILWAUKIE
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Milwaukie OR 97206
503.786.7606
building@milwaukieoregon.gov
engineering@milwaukieoregon.gov
planning@milwaukieoregon.gov

## Deposit Authorization Form

Please complete this form when a deposit payment is made. This ensures that any refund is processed correctly. Refunds are required to be returned to the payor listed on the original payment receipt. Refund checks are processed through the Milwaukie Finance Department.

DEPOSIT PURPOSE or PERMIT TYPE:	Right-of-Way	Hydrant Meter	Land Use	Transportation Impact Study
SITE INFORMATION:				·
Permit or File Number:				
Address:				
Project Name (if applicable):				
DEPOSIT INFORMATION:				
Deposit Paid By: Email (for questions):				
Association with this per	mit? Property	Owner	ctor Other:	
Mailing Address for Refu	nd:		State/Zip:	
Payment Type:	☐ Cash	Check	☐ Credit	Card
If paying by credit card, name (as it appears on the card):				
Billing Address:			Same as I	Mailing Address:
Is this a company credit card? If yes, what is the company name?  Yes No				
SIGNATURE:				
By completing and submitting this form, you agree that this information is accurate and current to the best of your knowledge.				
Signature		Date		
FOR OFFICE USE ONLY				
FOR OFFICE USE ONLY				
Refunded to:		Check #:	Date:	
Address: Refund Amount:				

\*\*\* THIS DOCUMENT WILL BE KEPT ON FILE \*\*\*