GEORGIA DEPARTMENT OF PUBLIC HEALTH
District 2 Public Health

DISTRICT 2 PUBLIC HEALTH
Environmental Health
Request for Refund

Please type or print legibly.

County: _____

Refund Amount: $_____

Payable To: _____

Mail Refund To: _____

_____

_____

_____

Reason: _____

_____

_____

_____

_____

Enclosed:

_____ Receipt* _____ Voided Permit _____ Other Documentation

*receipt number is required

EH County Supervisor: _____ Date: _____

Send form to District Environmental Health Director or Deputy District Environmental Health Director.

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District Environmentalist:_____ Date: _____

_____ Approved _____ Not Approved

Comments: _____

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