

# RUTHERFORD - POLK - McDOWELL HEALTH DISTRICT

## Application Fee Refund Request

County:  Rutherford  Polk  McDowell

Please fill out the information below and return this form to the office where the application was processed.

Application Type
<input type="checkbox"/> New
<input type="checkbox"/> Re-Evaluation
<input type="checkbox"/> Addition / Expansion
<input type="checkbox"/> Non-Residential/Commercial
<input type="checkbox"/> Repair
<input type="checkbox"/> Abandonment

Service Type
<input type="checkbox"/> Septic and Well <input type="checkbox"/> IP <input type="checkbox"/> CA
<input type="checkbox"/> Septic only <input type="checkbox"/> IP <input type="checkbox"/> CA
<input type="checkbox"/> Well Only <input type="checkbox"/> IP <input type="checkbox"/> CA
<input type="checkbox"/> Water Sample
<input type="checkbox"/> Existing Septic Inspection
<input type="checkbox"/> Food Service Fee

County Pin #: \_\_\_\_\_ Application #: \_\_\_\_\_

Applicant: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person/Agent Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Property Location/ 911 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Phase: \_\_\_\_\_ Section: \_\_\_\_\_

Original Application Date: \_\_\_\_\_

Original Method of Payment:  Cash  Check #: \_\_\_\_\_  Credit Card

Original Fee Paid: \_\_\_\_\_ Original Receipt #: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant/Legal Agent: (Printed Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

Today's Date: \_\_\_\_\_

Health Department Return Address: Rutherford County Health Department  
Environmental Health Office  
221 Callahan Koon Rd, Spindale NC 28160

EMAIL: [rpmeh@rpmhd.org](mailto:rpmeh@rpmhd.org)