TORONTO

Deposit Refund Claim Form

This form is to be used to claim a refund for the following types of deposits:

- Lot Grading Deposits; Former City of Etobicoke (1980 - 2005)
- Security Deposits for Municipal Infrastructure associated with Development (1980 - 2005)
- Site Plan Control Approval Deposits; Former City of Etobicoke (1983 - 1998)
- Inspection Deposits, Former City of Etobicoke (1980 - 2005)
- Right of Way Management Deposits; former City of Toronto, former City of Scarborough (1996 - 2005)
- Cut Permit Deposits; area of former Toronto, York and East York (2002 - 2005)
- Water and Sewer Service Connection Deposits (2000 – 2005)
- Hydrant & Bulk Water Deposits (2000 - 2005)
- Water Service Repair Program (2000 - 2005)

Request for refunds will be accepted from April 1, 2009 until April 30, 2009. Any unclaimed deposits will be forfeited.

Requests must include proof of payment (cancelled cheque, credit/debit card receipt and/or a receipt issued by the City) along with this form. Refund requests for Right of Way deposits must be accompanied by a permit number.

Please complete in full, and print clearly:

This is a request for a refund in the amount of $ _____as reimbursement for a _____ paid to the City of Toronto (or former City/Borough _____ prior to Jan. 1, 2006).

Property Address Related to Deposit

Street No.	Street Name	Unit No.

Permit Number (applicable to Right of Way Deposits)

Deposit Paid By	Date Deposit Paid

Declaration

I, Last Name | First Name | Area Code and Telephone No.

Company Name (if applicable)

of Street No. and Name | Apt./Unit No. | Area Code and Fax No.

City | Province | Postal Code | Area Code and Mobile / Pager No.

do hereby declare the following:

- That I am ☐ the person who paid the deposit, or;
  ☐ I have the authority to collect the refund on behalf of the original depositor (attach notarized approval)
- That there has been no previous reimbursement for any deposit paid on for the permit listed above,
- That there will be no further claims for this deposit,
- That in the event a refund of the deposit is paid to me as a result of this application I agree to indemnify and save harmless the City of Toronto from any and all other claims that may be made with respect to this deposit.
- That statements contained in this request form are true and made with full knowledge of all relevant matters and of the circumstances connected with this request.
- That the information included in this request and in the documents filed with this request are correct.

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Signature | Print Name | Date

Office Use Only

Refund Approved ☐ Yes ☐ No	By	Date	Cheque Requisition Completed Date

The personal information on this form is collected under the authority of the *City of Toronto Act*, 2006, s. 136(c). The information is used to process your refund claim, to effect payment, and for aggregate statistical reporting. Questions about this collection can be directed to: Manager Revenue Services 19th Floor, 55 John Street , Toronto, Ontario M5V 3C6

Requests for refund should be forwarded by mail or in person to:

Manager, Revenue Services

19th Floor, Metro Hall
55 John Street
Toronto Ontario M5V 3C6