



# Development related security and deposit refund claim form

This form is to be used to claim a refund for development related securities or damage deposits including but not limited to:

- \* Site alteration deposits
- \* Road cut deposits
- \* Park access deposits
- \* Site plan security
- \* Subdivision security
- \* Condominium security
- \* Tree protection security

Requests for refunds will be accepted until \_\_\_\_\_. Any unclaimed deposits after this date will be transferred to the town.

Requests MUST include satisfactory proof of payment by the claimant (cancelled cheque, credit/debit card receipt and/or receipt issued by the town) along with this form.

**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 Town of Oakville in reference to \_\_\_\_\_ (file, permit or agreement reference).

**Property address related to deposit**

Street no.	Street name	Unit no.
Permit number		
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.	Email address
	City	Province/State	Postal/Zip code
			Country

**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 the permit listed above,
- \* That there will be no further claims for this deposit,
- \* That in the event that a refund of the deposit is paid to me as a result of this application, I agree to indemnify and save harmless the Town of Oakville 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 of the circumstances connected with this request.
- \* That the information included in this request and the documents filed with this request are correct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Refund approved YES ____ NO ____	By	Date	Cheque requisition date
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Personal Information on this form is collected under the authority of the Municipal Act, 2001, as amended for processing this refund claim. Questions about the collection of personal information should be directed to the Records and Freedom of Information Officer, Clerk's department, 905-815-6053.

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

Security Administrator  
Town of Oakville  
Financial Planning Department  
1225 Trafalgar Road  
Oakville, ON L6H 0H3