Date:\_\_\_\_\_

Public Works Department Town of Goshen 42A North Street Goshen, CT 06756

Attn: Garret Harlow, Public Works Supervisor

Re: House # and Street \_\_\_\_\_

I hereby request a refund of my driveway permit payment of \$\_\_\_\_\_.

Please mail my refund check to the following address:

Name	
	PLEASE PRINT
Street	
P. O. Box	
City, St, Zip	

Homeowner/Builder

This driveway has been inspected and the payment may be refunded.

Garret Harlow Public Works Supervisor