

**Town of Goshen, Connecticut**  
**42 North Street , Goshen, CT 06756-0187**  
**Phone: (860) 491-2308**

Driveway Refund Request

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

Public Works Department  
Town of Goshen  
P. O. Box 187  
Goshen, CT 06756

Attn: Public Works Supervisor

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

Driveway Permit # \_\_\_\_\_

I hereby request a refund of my driveway permit payment of \$1,000.00\_\_.

Please mail my refund check to the following address:

PLEASE PRINT

Name \_\_\_\_\_

Street \_\_\_\_\_

P. O. Box \_\_\_\_\_

City, St, Zip \_\_\_\_\_

\_\_\_\_\_  
Homeowner/Builder

\_\_\_\_\_

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

\_\_\_\_\_  
Public Works Supervisor

\_\_\_\_\_