

Date: _____

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

Attn: Garret Harlow, Public Works Supervisor

Re: House # and Street _____

Driveway Permit # _____

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