



## BEAR VALLEY COMMUNITY SERVICES DISTRICT

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28999 South Lower Valley Road • Tehachapi, CA 93561-7460  
PHONE 661-821-4428 • FAX 661-821-0180

### REQUEST FOR REFUND RECURRING CONTRACTOR PASS

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Requestor:  
(Must be holder  
of current contractor pass)

\_\_\_\_\_  
(Must match name on "Recurring Contractor Pass" Application Form)

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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1. I acknowledge that my refund request for a Recurring Contractor Pass is subject to verification of receipt of a refundable deposit.
  2. I acknowledge that only current Recurring Contractor Passes are eligible for a refund.
  3. Current contractor passes must be surrendered by August 1, 2019. Expired pass holders will forfeit their deposit.
  4. Refund requests must be received by August 1, 2019. Refunds will be issued by check within 30 days from the deadline date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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#### Office Use Only

Attached: Original & Renewal Application(s)

Attached: # \_\_\_\_\_ surrendered passes

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

Deposit Received: \_\_\_\_\_

Amount Refunded: \_\_\_\_\_

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

Check#: \_\_\_\_\_