REFUND REQUEST

SERVING THE TOWNSHIPS OF RARITAN, KINGWOOD, READINGTON & TEWKSBURY

1 Municipal Drive, Flemington, NJ 08822
908-806-6314
firesafety@raritantwpnj.gov

PART A – REQUESTOR INFORMATION

Name: _____

Address: _____ Suite:_____

Telephone: _____

Email: _____

PART B – TRANSACTION DETAILS

Date of Original Transaction: _____

Reference Number or Confirmation Number: _____

PART C – REASON FOR REFUND REQUEST

_____

_____

_____

_____

Please Note: We may contact you to gather further details about your refund request.

All refunds regardless of original payment will be issued via check and processed through the Raritan Township Finance Department.

Expect refunds to take approximately six to eight weeks to process.

I certify that all statements made by me on this refund request are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I am authorized to complete this application on behalf of the stated business.

Signature of Individual Completing this Form: _____ Date: _____

Printed Name of Individual Completing this Form: _____ Date: _____