



ELECTRICAL FIRM ACCOUNT - REQUEST FOR CANCELLATION/ADJUSTMENT

Date of Request _____ Firm # _____ License # _____

Firm Account Name _____ Tele # _____

Firm Address/Location _____

Application Control No. _____ Total Amount Requested: \$ _____

TRANSACTION TYPE (check one only and give detailed explanation on page 2 of 2):

- Application modified before inspection Application error
- Application modified after inspection Data entry error in the system
- Completion fee charged in error Transfer Account Balance
- Debit Error Debit - Payment of Violations
- Credit Error Fee Exempt
- Cancellation/Duplicate Filing Rescind of Certificate
- Cancellation/No work performed Other (Specify) _____
- Cancellation/Work Performed –Removed (No Credit)

I hereby certify that the information above is accurate and I have attached the supporting documentation for the transaction above. Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.

Applicant (Print Name) Signature Date

Note: This form will not be processed without a detailed explanation, signature and licensee's seal noted on the back.

(For Borough Office Use Only) Badge # _____ Inspection Date _____

Disposition Code: _____ Approved Denied

Processed By (Print Name) Signature Date

Comments: _____

(For Central Insp. Cashier Use Only) Received Date _____

I hereby certify that I have reviewed all records relating to this request and the dispositions indicated are within the guidelines established.

Processed By (Print Name) Signature Date

Unit Head/Designee (Print Name) Signature Date

Comments: _____



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Date of Request _____ Firm # _____ License # _____

Application Control No. _____

Explanation (Detail):

I hereby certify that the information above is accurate and I have attached, on company letterhead, the supporting documentation for the transaction above. Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.

Applicant (Print Name) Signature Date [AFFIX SEAL]

(For Fiscal Use Only) Tracking # _____ Received Date _____

Amount Approved: \$ _____ Adjustment Date: _____

Processed By (Print Name) Signature Date

Comments:
