



**THE CORPORATION OF THE MUNICIPALITY OF RED LAKE**  
**REQUEST FOR REFUND OF COPY CHARGE**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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**For Office Use**

Request Number: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

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

Amount of Refund: \_\_\_\_\_

Refund Denied (remarks): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Clerk: \_\_\_\_\_

(Signature)