



City of Murrieta
1 Town Square
Murrieta, CA 92562
(951) 304-CITY (2489)
www.murrieta.org

Depositor Application

Depositor Name (First, Last): _____

Title: _____

Company Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

Cell: _____ Email: _____

Tax ID Number: _____

Contractor License Number: _____

Contractor License Expiration Date: _____

Other Information: _____

The signature below authorizes the City of Murrieta to facilitate the refund and billing process by transferring monies amount concur rent applica tions to cov er processing costs a s necessary. The City will refund fees collected in excess of the ac tual cost of providing specific services. If additional funds are needed to complete the processing of your application, the City will bill you. Processing of the application will cease until the outstanding balance is paid and sufficient funds are available to continue the processing of the application. The Depositor understands the deposit pro ccess a s de scribed herein and that there will b e no refund of monies, which have been expended as part of the application review of ot her related activities or services, even if the application is withdrawn or the applica tion is ultimately denied. Additional billin gs and any refunds will be sent to the depositor of record.

Depositor Signature: X _____

Date: _____

Finance Use Only
Customer Number:
Date:
Signature: