**LAND RESOURCE PROTECTION REFUND FORM**

Mail To:

**Division of Land Resource Protection**

501 E. State Street

PO Box 420

Mail Code 501-02A,

Trenton, NJ 08625-0420

Attn: Renee Wair **or renee.wair@dep.nj.gov**

***Please send a copy of the check along with any support documentation with this form. Thank you.***

|  |  |
| --- | --- |
| Name and Address of Refund Recipient: | |
| Check Number | Last 4 digit of Credit Card # |
| Check date or payment date: | |
| Application Number | Service ID#: |
| Refund Amount: | |
| Reason for Refund: | |
| Phone Number: | |
| Email address: | |
| Date: | |
| Applicant Signature | |

**OFFICE USE ONLY**

|  |
| --- |
| Received Date: |
| Check Amount: |
| Engineer: |
| VCL /Bill ID# |
| Activity # |
| Authorization: Approved Denied  Signature: Date: |