



City of Murrieta  
26442 Beckman Court  
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 concurrent applications to cover processing costs as necessary. The City will refund fees collected in excess of the actual 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 process as described herein and that there will be no refund of monies, which have been expended as part of the application review of other related activities or services, even if the application is withdrawn or the application is ultimately denied. Additional billings and any refunds will be sent to the depositor of record.

Depositor Signature: X \_\_\_\_\_

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

Finance Use Only
Customer Number:
Date:
Signature: