

TO: COUNTY OF LOS ANGELES  
DEPARTMENT OF COUNTY ENGINEER

Date 4-7-95

**DEMAND FOR REFUND OF MONEY  
ERRONEOUSLY PAID TO THE  
COUNTY OF LOS ANGELES**

Demand is hereby made for the refund of money erroneously paid to the Department of County Engineer, County of Los Angeles.

Amount of Refund \$ 201.28

Amount of Payment \$ 201.28 Date Paid 3-31-95

Receipt or Permit No. BL 9503310005 Type of Transaction Plan check

Office to Which Paid In Part to B&S

Reason for Refund Clerical Error

I hereby certify that the information written in above is true and correct to my best knowledge and belief, and that this claim is justly due and has not been paid.

MICHAEL WAZKAR

Claimant [Signature] Address 5465 DODDS AVE, BUENA PARK CA, 90621

*Claimant to fill in all necessary spaces in upper portion*

Approved by [Signature] Date 4/6/95  
DISTRICT ENGINEER OR OTHER SUPERVISOR

*The original copy of the permit or receipt issued must be attached to and made a part of this demand*

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS  
DEVELOPMENT AND PERMITS TRACKING SYSTEM

DATE: 03/31/95

DPR4051

TIME: 09:34:43

PAGE 1

ROUTE TO: BS0203

REQUESTED BY: XXXXXXX

FEE RECEIPT

RECEIPT NUMBER: BS02030001508

THIS IS A RECEIPT FOR THE AMOUNT OF FEES COLLECTED AS LISTED BELOW. THE RECEIPT NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORD OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED. PLEASE RETAIN THIS RECEIPT AS PROOF OF PAYMENT. ANY REQUEST FOR REFUND MUST REFERENCE THIS RECEIPT NUMBER.

DATE PAYMENT RECEIVED: 03/31/95 09:34:07  
PROJ/APPL/IMPRV NBR: BL 9503310005  
PROPERTY ADDRESS: 19545 SAN JOSE AV E LCNT 91745  
RELATED PROJECT:  
PAYOR NAME: SERVICE ENGINEERING GROUP INC  
ADDRESS: 5465 DODDS AVE

BUENA PARK, CA 90621  
PHONE: (310) 637-6640 EXTN:

FEE	STATISTICAL	CALCULATION	UNIT OF	EXTENDED
ITEM FEE DESCRIPTION	CODE	FACTOR	MEASURE	AMOUNT
DO SPRINKLER PLANCHCK	A019238	7200.00	VALUATN	\$201.28

TOTAL FEES PAID: \$201.28

PAYMENT TYPE	REFERENCE	AMT TENDERED	CHANGE GIVEN	AMOUNT APPLIED
CHECK	1838	\$201.28	\$0.00	\$201.28

OFFICE: BS 0203 DRAWER: 01  
CASHIER: CI

ITEMS WITH AN ASTERISK (\*) WILL REQUIRE FURTHER DEPOSITS  
WHENEVER ACTUAL COSTS EXCEED THE DEPOSIT AMOUNT

\*\*\*\*\* END OF REPORT \*\*\*\*\*