

REQUEST FOR REFUND Health Protection

PLEASE NOTE:

Payee Name MUST be the same as your legal owner name as per your Health Operating Permit. If it is not, legal documentation must be supplied to prove that the Payee Name is associated with the legal owner name (i.e. Certificate of Incorporation).

The \$75.00 Multi-facility discount fee and the \$75.00 annual Mobile Food service fee are not refundable.

PREMISES INFORMATION			
Payee Name (Legal Owner Name)			
PAYEE MAILING ADDRESS		PREMISES ADDRESS	
		Premises Name	
Street Address		Street Address	
de	City/Municipality		Postal Code
9			
)			
REASON FOR PAYMENT			
☐ Sold Business ⇒ Date sold			
☐ Closed Business ⇒ Date closed			
Other (please specify)			
Please note that any credit on an open, permitted facility will be applied to the following year's fees, and will NOT be refunded			
Landification of the second for the company and appropriate and appropriate the first provide a contract of the United			
I certify the above information to be correct and complete, and understand that I may be contacted by Health Authority staff if further information is required.			
OWNER NAME (please	print):	DATE OF S	SIGNATURE
, ,			
Please verify the information is correct, sign and dated the form and forward it to your local Health Protection Office.			
See back of form for addresses.			
EHO SIGNATURE		DATE	
MANAGER SIGNATURE		DATE	
	permitted facility will be rect and complete, and complete, and complete, and complete of the see back of form the	Street Address de City/Municipality permitted facility will be applied to the following frect and complete, and understand that I rect and complete, and understand that I rect, sign and dated the form and forward it See back of form for addresses. EHO SIGNATURE MANAGER SIGNATURE Forwarded to Accounting Services/_	Premises Name Street Address De City/Municipality The permitted facility will be applied to the following year's feet and complete, and understand that I may be considered and complete and understand that I may be considered. DATE OF Street, sign and dated the form and forward it to your lock See back of form for addresses. EHO SIGNATURE MANAGER SIGNATURE DATE

Revised: April 26, 2017



Health Protection Services

To contact an Environmental Health Office by phone. please call

Population Public Health Central Call Centre at:

604-587-3936

and request to be connected to your local area office

Abbotsford (including Clayburn, Clearbrook, Matsqui & Mt. Lehman)

207 - 2776 Bourguin Crescent West

Abbotsford, BC V2S 6A5 Fax: 604-870-7901

Chilliwack (including Agassiz, Harrison Hot Springs,

Hope, Boston Bar & Sunshine Valley)

45470 Menholm Road

Chilliwack, BC V2P 1M2 Fax: 604-702-4951

Langley (including Aldergrove, Fort Langley,

Langley City & Langley Township) Langley Memorial Hospital

22051 Fraser Highway

Langley, BC V3A 4H4 Fax: 604-514-6122

New Westminster

218 - 610 Sixth Street

New Westminster, BC V3L 3C2 Fax: 604-525-3608

Surrey (including Cloverdale)

Suite 100, Central City Tower 13450 – 102nd Avenue

Surrey, BC V3T 5X3 Fax: 604-930-5415 Burnaby

300 - 4946 Canada Way

Burnaby, BC V5G 4H7 Fax: 604-918-7520

Delta (including Tsawwassen & White Rock)

201 – 11245 84th Avenue

Delta, BC V4C 2L9 Fax: 604-507-5492

Mission (including Deroche, Dewdney, Hatzic Lake,

Lake Erroch & Harrison Mills)

7298 Hurd Street

Mission, BC V2V 3H5 Fax: 604-814-5518

Ridge Meadows (including Maple Ridge &

Pitt Meadows)

400 - 22470 Dewdney Trunk Road

Maple Ridge, BC V2X 5Z6 Fax: 604-476-7077

Tri-Cities (including Coquitlam, Port Coquitlam,

Port Moody, Anmore & Belcarra)

300 - 205 Newport Drive

Port Moody, BC V3H 5C9 Fax: 604-949-7706