

Restoration Deposit Refund Request Form

The Village of Oak Park Public Works Department 201 South Boulevard Oak Park, Illinois 60302

708.358.5700 Fax 708.358.5711 www.oak-park.us publicworks@oak-park.us

*Required Fields				
*Project Address			*Date of Request	
*Name of Compan	y/Individual who paid Deposit		*Permit Number	
Name of Compan	y/ marvidual who pala Deposit			
*Address where refund should be mailed			*Amount of Deposit Paid	
*Address where re	fund should be mailed		*Amount of Refund Requeste	d
			Amount of Keruna Kequeste	:u
*City	*State	*Zip		
			*Phone Number	
*Printed Name of	Requestor			
			*Cell Number	
*Title				
*Signature				
_				
*E-Mail Address				
List the quantit	y of each type of opening fo	r which vou	are requesting a refund	
Street/Alley	Parkway	Sidewalk	Driveway	Curb
Opening	Opening	Opening		pening
Quantity	•	ntity to deny partial refur	Quantity Quantity d requests until all restoration is completed.	
) paid with requested refund. k area with electronic requests.	
request your resto	pration deposit refund, please sen			
Mail to:	The Village of Oak Park Engineering Department	Fax to:	708-358-5711	
	201 South Boulevard Oak Park, IL 60302	E-mail:	publicworks@oak-park.us	

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- 1. An inspection of the work area will be completed by the Engineering Department.
- 2. If restoration(s) meet the Village standards, your request will be processed. Allow 2 to 4 weeks to receive your check.
- 3. If restoration(s) do not meet Village of Oak Park standards, you will be notified of the deficiency. You will need to submit this form again after the deficiencies have been corrected.

Restoration Deposit Refunds will only be returned to the individual who paid for the permit-no exceptions. Only properly insured contractors will be allowed to submit an application to make an opening in the public right-of-way. For information on Village of Oak Park Right-of-Way Restoration Standards, contact the Engineering Department.

Restoration Deposit Refund Form Rev. 06.16.2021