

Attorney or Party Without Attorney (Name, State Bar Number, and Address): Phone Number: Fax Number: Email Address:	
SUPERIOR COURT OF CALIFORNIA COUNTY OF INYO 301 W Line Street, Bishop, CA 93514	
TITLE OF CASE:	CASE NUMBER:
REFUND REQUEST	

Note: Refunds for eFiling fees will be sent directly to the Electronic Filing Service Provider (EFSP)

I am requesting a refund in the amount of \$_____ for the following reasons:

Payment Date: _____ Amount Paid: _____

Receipt/Transaction ID: _____

Payor (Printed Name): _____

Mailing Address, City, State, Zip: _____

Phone Number: _____

Date: _____ Signature: _____