CHESAPEAKE PARKS AND RECREATION
REFUND REQUEST

LOCATION REQUESTING REFUND: _____ _____
DATE

REFUND REQUEST DATE BY CITIZEN: _____

ADULT/COMPANY TO BE REFUNDED: _____
(PLEASE PRINT)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____
(PLEASE VERIFY WITH CITIZEN
DO NOT GET ADDRESS FROM ACTIVE)

PHONE NUMBER: _____

REASON FOR REFUND REQUEST: _____

IF ACTIVITY REFUND REQUEST: **AMOUNT OF REFUND $** _____

	ACTIVITY NAME	ACTIVITY #	ACTIVITY START DATE:
1			
2			
3			

PARTICIPANT NAME:

1	
2	
3	

(PLEASE PRINT)

IF RENTAL REFUND REQUEST: **AMOUNT OF REFUND $** _____
AMOUNT OF DAMAGE DEPOSIT $ _____

PERMIT # _____ **EVENT DATE:** _____

CITIZEN REQUESTING REFUND: _____ _____
(PRINT) **(SIGNATURE)**
_____
DATE

STAFF REQUESTING REFUND: _____ _____
(PRINT) **(SIGNATURE)**
_____
DATE

SUPERVISOR APPROVAL: _____ _____
(PRINT) **(SIGNATURE)**
_____
DATE

**** Per department policy refunds will only be processed if requested prior to first date of class****
PLEASE ATTACH ROSTER, RECEIPT OR OTHER SUPPORTING DOCUMENT