

Refund Request Form



Payee: _____
 Note: The person listed as the payer on the receipt will receive the refund.

Mailing Address: _____

Today's Date: _____

Phone: _____

E-Mail: _____

Receipt Number: _____ Receipt Date: _____ Refund Request \$ _____

(Note to staff: A copy of the receipt(s) must accompany this request and can be reprinted out of Activenet. A copy of the permit is not an acceptable substitution.)

PARTICIPANT/CUSTOMER EXPLANATION: (Please explain why you are requesting a refund, use the back of this form if you need more space.)

All refunds will be processed in accordance with City and department policy and are subject to Director approval.

- Refund as credit to my Parks, Recreation and Tourism account.** I understand that I have **nine (9) months** from the request date to use the credit or request a refund check. *After nine (9) months credits will expire and be donated to the Parks, Recreation and Tourism Scholarship Fund.*
- Refund to Credit Card:** I understand **a processing fee may apply** and will be deducted from the refund. The refund will be credited to the card used for the original purchase. Allow two (2) weeks for processing. If for any reason Parks, Recreation and Tourism cannot refund back to the original credit card, a refund check will be issued to the person listed as the payer on the original receipt.
- Refund Check:** I understand **a processing fee may apply** and will be deducted from the check. Checks will be issued to the person listed as the payer on the original receipt. Allow four (4) to six (6) weeks for processing. *A Reimbursement Authorization form must accompany this request to ensure timely processing.* Check will be mailed to the address listed above.

Customer Signature: _____

Date: _____

Staff to Complete the Below Information

ACTIVITY/DAYCARE: Location: _____

| | Amount Paid | Participant Name | Program Name | Program Number | Start Date |
|----|--------------|--------------------------|-----------------------------|-----------------------------|---------------------|
| 1 | | | | | |
| 2 | | | | | |
| | Total | Less: Scholarship | Less: Non-Refundable | Less: Processing Fee | Equals |
| \$ | → | → | → | = | Total Refund |

RENTAL: Permit Number _____ Location: _____ Event Date: _____

| Security Deposit | Alcohol | Security | Refund |
|--|---------|----------|--------|
| Refund Security Deposits | | | |
| * _____ Check here if a copy of the Reimbursement Authorization form has been forwarded to Accounting for early processing. (Only Deposit Refunds) | | | |

| Cancellation/Other: (use Staff Comments below to show calculations) | Total Paid | Less: Non-Refundable | Refund |
|---|------------|----------------------|--------|
| Refund for cancellation or other reason listed above | | | |

Deposits Refund + Cancellation or Other Refund = Total Rental Refund

Staff Comments - Required - Use this space to further explain why the Director should approve the requested refund and included any calculations.

STAFF CONTACT: (Who helped this customer?)

| Name (printed) | Location | Phone Number | Signature |
|----------------|----------|--------------|-----------|
| | | | |

| APPROVALS: | Supervisor | Coordinator/Mgr | Superintendent | Director | Accounting | Approved Refund \$ |
|------------|------------|-----------------|----------------|----------|------------|--------------------|
| Sign | | | | | | \$ |
| Date | | | | | | |