CITY OF HARRISONBURG PARKS & REC

ADMINISTRATIVE POLICY

Policy No.: 1-06(A)
Issued: 6-9-2020
Revised:

REFUND REQUEST FORM

Payee Name: _____
PLEASE PRINT CLEARLY

Payee Mailing Address: _____

_____

Phone Number: _____
□ Cell □ Home □ Work

Program Name or Facility Rented: _____

Enrollee Name: _____

Program Start Date/Reservation Date: _____

Reason for Refund: _____

_____

_____ _____
Payee Signature **Date**

OFFICE USE ONLY

Payee: _____ **Receipt #:** _____

Date Paid: _____ **Check #** _____ **Cash** ☐ **CC** ☐

Refund Amount: _____

☐ **Approved** ☐ **Denied**

Reason (if denied): _____

Manager/Supervisor: _____

Director/Assistant Director: _____