Parks, Recreation and Neighborhood Services Department

CUSTOMER DENIED REFUND APPEAL FORM

This form must be completed, signed and submitted within 14 business days of denied refund to be considered.

Date: _____

Customer Name: (first) _____ (last) _____

Participant Name (if different): (first) _____ (last) _____

Address: _____

City/State/Zip: _____ Phone: _____

RecTrac Account Number: _____

Date(s) of Class, Event, Activity, Rental, or Program:

_____ To _____

Date of Refund Denial: _____ Amount of Refund Requested: $ _____

Reason for Refund Request

(Please be as detailed as possible as to why you requested the refund denial be overturned.)

_____

_____

_____

_____

_____

_____

_____ _____

Signature *Date*

Staff Use Only

Staff Name (PRINT): _____ Date Received: _____

Signature: _____

❑ Request DENIED Reason: _____

❑ Request APPROVED

Manager Name (PRINT): _____

Manager Review Date: _____ Signature: _____

Updated 03/2014