



Rocky Mount Parks & Recreation
REFUND REQUEST FORM

Program Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

I am requesting a: Refund \_\_\_\_\_ Credit to account \_\_\_\_\_

Reason for refund: \_\_\_\_\_

Signature: \_\_\_\_\_

\*If a refund is granted it will be mailed directly to the above address once processed.
\*Credit Card refunds are credited back to credit card.

For Office Use Only

Original Payment Information

Receipt # \_\_\_\_\_

Paid by: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Refund 100% \_\_\_\_\_ 85% \_\_\_\_\_ Other \_\_\_\_\_

Total Refund/Credit Amount \$ \_\_\_\_\_

Approvals

Program Supervisor \_\_\_\_\_

Division Manager \_\_\_\_\_

Extenuating Circumstances Verification

\_\_\_\_\_

\*\* Refunds must be signed by all above before processing

Vendor # \_\_\_\_\_ Sent to Shynese \_\_\_\_\_