REFUND FORM
VILLAGE OF RICHFIELD PARKS & RECREATION

Name of Renter/Attendee(s): _____

Phone Number: (_____)_____ Email:_____

Name of Facility/Program: _____ Date of Rental/Program:_____

Reason for request:

_____

_____

_____

Mail Refund To: _____

_____

_____

_____

Signature _____ Date _____

FOR OFFICE USE ONLY

Original Payment Amount: $_____

Admin Fee (if applicable):$_____

Refund Amount:$_____

Deposit Date: _____

Original payment method:

CHECK (#_____) CREDIT CARD PAYPAL CASH

_____ _____

Signature of Parks and Recreation Employee Date