CITY OF SOUTHLAKE

CUSTOMER REFUND REQUEST

CUSTOMER NAME: _____

REFUND ADDRESS: _____

_____

_____

PARTICIPANT NAME

☐ **ACTIVITY NAME**

☐ **ACTIVITY NAME**

☐ **ACTIVITY NAME**

REASON FOR REQUEST:

By signing below, I understand that this refund request will go through an approval process and will take between 2-3 weeks to receive a check, should this request be granted, and that the check will be mailed to the address of the payor for the original transaction. I understand that should my refund request be granted it will be less a 5 dollar administrative fee. I also understand that if I registered on-line for the above activities that my refund, should it be granted, will be based on the discounted activity fee price. I understand that if I registered on-line for the above activities that I will not be receiving any amount of the convenience fee in the refund check.

Parent/Guardians Signature_____ **Date** _____

For Office Use Only

Staff Signature_____ **Date** _____

Supervisor's Signature_____ **Date** _____

Received in Finance _____ **(date)**