

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 differen	ent): _(first)	(last)
Address:		
City/State/Zip:		Phone:
RecTrac Account Number	er:	<u> </u>
Date(s) of Class, Event,	Activity, Rental, or Program:To	
Date of Refund Denial:	Am	ount of Refund Requested: \$
Reason for Refund Rec	possible as to why you requested the	e refund denial be overturned.)
	Signature	 Date
		_ Date Received:
Request DENIED Request APPROVED		
Manager Review Date:		: