



Refund Request Form

* Please allow 4-6 weeks for mailed refund check*

Customer Information

Name: _____

Physical Address: _____

Mailing Address: _____

Phone No. _____ Refund Request Total: \$ _____

Reason for refund: _____

Signature: _____ Date: _____

Staff Comments/Recommendations: _____

<u>Action</u>	<input type="checkbox"/>	<u>Amount</u>	<u>Date</u>
Approve Refund	<input type="checkbox"/>		
Deny Refund	<input type="checkbox"/>	N/A	
Other	<input type="checkbox"/>		
Signature of Staff Member:			