



CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350 | (509) 786-2332 | Fax (509)786-3717

REFUND REQUEST

Participant Name: _____

Parent/Guardian Name (if under 18 years of age): _____

Mailing Address: _____

City, State, Zip: _____

Day Phone # _____ Evening Phone # _____

1. Refund will be automatically granted if requested in advance of the service, and only granted if request is received five (5) business days prior to the service, (if any service has been received no refund will be granted).
2. Refunds are assessed a \$10.00 dollar processing fee.
3. Checks will be issued and mailed within 2-3 weeks.
4. Refunds will not be granted for any event or program cancelled due to inclement weather or circumstances beyond the City's control.

Reason for refund:

<u>Office Use Only:</u>		Circle One:
Service Fee: \$ _____	_____	Approve / Decline
Processing Fee: \$ - 10.00	Department Signature	
Other Fee: \$ _____	_____	Approve / Decline
Total Refund: \$ _____	Finance Director Signature	
	Reason for Decline: _____	

**NOTE: This form is subject to public disclosure.
This institution is an equal opportunity provider and employer.**