



REFUND REQUEST

IMPORTANT: This is not an acknowledgment / approval of a refund, it is merely a request. Any refund request must be made no later than **45 days** from the date of purchase. All requirements must be met in accordance with Department policies.

I hereby request a refund in the amount of \$_____ for the following reasons:

You must include an explanation of the type of fees paid and your original receipt or a copy of your original receipt. Incomplete information or proof may delay the consideration of your refund.

(Attach additional sheets if necessary)

REQUESTOR INFORMATION (please print):

Name _____
Street Address _____
City/State/Zip _____
Day Phone _____ Evening Phone _____
E-mail _____

Requestor Signature _____ Date _____

YOUR RECEIPT, OR A COPY OF YOUR RECEIPT, MUST BE ATTACHED

Mail your request to: Stanislaus County
Department of Parks and Recreation
ATTN: Accounting
3800 Cornucopia Way, Suite D
Modesto, CA 95358-9492

E-mail your request to: Parks-admin@parksrec.org

-----STAFF USE ONLY-----

Date Exiting Park _____ Time Exiting Park _____

Area _____ Park Employee _____

Park Employee Verification Comments: _____
