

Parks, Recreation & Community Services

Administration Office City Hall - 1 East 1st Street 11th Floor, Reno, NV 89501

Phone (775) 334-2260 * Fax (775) 334-2449

 Faxed on
 Mailed on
 Employee initials
 Date received back

Request for Account Adjustment Form (Refunds • Credits • Transfers)

Please fill out completely – Completion of this form **does not** guarantee a request will be approved.

- → A customer request for a refund, credit or transfer must be on the Request for Account Adjustment Form and received by the criteria deadlines listed below. Completion of this form does not guarantee a request will be approved.
- → Customer requested refunds will be charged an **administration fee of \$10** per activity. Administrative fees will not be charged on credits or transfers to another program, activity or rental.

Sierra Kids and Youth Camps: Must be requested by the **Thursday** preceding the week of the program.

No credits or refunds will be issued for Washoe County School District snow days/late start, missed, sick or suspended days.

Recreation, Aquatic Classes and Passes: (more than one class meeting): Must be requested before the second class meeting. Some classes may require more advance notice.

Workshops: Must be requested one week prior to the program date. Some may require more advance notice.

<u>Leagues:</u> Must be requested prior to the last date of league registration.

<u>Class Materials:</u> No credits, transfers or refunds will be issued for class materials.

Date	Refund Reque	est \$	(<i>Refun</i>	(Refunds may be subject to an Administrative fee)		
Participant Name						
Activity Name		Activity	/ #	Activity Date		
Park or Facility Re	ental Name		_ Rental 7	# Rental Date		
Reason for Adjust	tment Request					
Method of Adju	stment Requested (F	Please choose one and	sign belo	w)		
☐ Transfer to and	other Activity or Rental					
☐ Apply to PRCS	Customer Account for f	uture use				
☐ Refund to Cred	dit Card (Staff will conta	ct you for your Credit	Card nun	nber - if approved)		
□ Cash Refund (ı	may only be used for re	funds of \$25 or less –	disburse	ment will be at PRCS Admin Office)		
☐ Check mailed t	o (please allow four-six	weeks)				
Name				Daytime phone		
Mailing Address _		Cit	У	State Zip		
Sianature						
				8/22/12		
		or office use only				
Disposition		□ Credit Card Refund C	ompleted	□ Refund Request sent to Finance		
□ Request Denied	□ Cash Refund Completed	□ Credit to Account Cor	npleted	□ Transfer Completed		
Staff Initials, Date &	Comments					
Requested Refund A	mount \$ Ac	dministrative Fee \$	Total A	Amount to be refunded \$		