

# Refund Request

Community Services  
408-730-7350



## Important – please read:

Submit this request with your receipt. **Your request will not be processed without a receipt.** You can reprint receipts online through your account at <https://recreationclasses.insunnyvale.org>. **Refund will be remitted to original payer** (please allow up to four weeks for refunds to be processed). If you were granted a Fee Waiver, please come to the office. Requests may be submitted via:

1. **Fax:** (408-730-7754), or
2. **In person** at the Recreation Center (Mon.-Fri. from 9 am to 6 pm at 550 E. Remington Drive) or
3. **Phone:** (408-730-7350). If requesting refund by phone, be prepared to verify transaction and household details such as payment reference, household number, and original receipt number.

*If you paid by cash or check, you will receive a check refund. If you paid by credit card, card used for the transaction will be credited. You will be refunded the class fee minus \$10 processing fee per class. Have you considered transferring to another class? Save time and money by transferring (transfer fee is \$5) and this can be done by phone (408-730-7350).*

**YOU ARE NOT ELIGIBLE FOR A REFUND IF REQUEST IS RECEIVED AFTER SECOND CLASS MEETING. REFUNDS AND TRANSFERS WILL NOT BE ISSUED FOR ONE OR TWO DAY CLASSES AND ACTIVITIES, TRIPS, THEATER TICKETS, OR FOOD SERVICES.**

**SUMMER CAMP REFUND POLICY: REFUND OR TRANSFER REQUESTS FOR SUMMER CAMPS MUST BE RECEIVED AT LEAST 4 WEEKS BEFORE THE FIRST DAY OF CAMP.**

**Date of Request:** \_\_\_\_\_ **Type of Request (circle one):**    **Walk-in**            **Fax**            **Phone**  
(Mail or email submission of this form will not be accepted)

**Account Last Name:** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_

**Household ID# (top left of receipt):** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Account Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Picnic/Facility- Reservation Number:** \_\_\_\_\_ **Park Name:** \_\_\_\_\_

Participant's First Name	Class/Program	Class Number	Amount
<i>One Refund Form/Participant</i>			
<b>Reason for Cancellation/Refund (Circle One)</b>			<b>Total</b>
<b>Schedule Conflict</b>	<b>Illness/Injury</b>	<b>Rain</b>	<b>Not Satisfied</b>
			<b>Other</b>

*If unsatisfied with class or "other" was selected, please explain:* \_\_\_\_\_

**How was this class paid for?**     Cash     Check: List Check # \_\_\_\_\_     Credit Card

**If paid by credit card, please list:** Last 4 digits of the card: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**For Office Use Only**

Service Charge: \_\_\_\_\_ Date & Time Staff Received Request: \_\_\_\_\_ Staff Initials: \_\_\_\_\_