



CITY OF WELLAND
Recreation & Culture Division
 145 Lincoln Street, Welland, ON L3B 6E1
 Phone: 905-735-1700 EXT 4000
 Fax: 905-732-6187
 registration@welland.ca

TIME RECEIVED: _____ CLERK: _____

RENTAL REFUND REQUEST FORM

CLIENT INFORMATION

LAST NAME:	FIRST NAME:
ORGANIZATION <i>(if applicable)</i> :	PHONE:
CURRENT ADDRESS:	CITY/TOWN:
POSTAL CODE:	EMAIL ADDRESS:

IMPORTANT INFORMATION

- All requests for refunds must be submitted by completing this form.
- Requests will not be administrated by phone, fax or email.
- Submission does not guarantee that a refund will be granted.
- All refund requests are subject to an administration fee; please review the Terms and Conditions regarding the refund policy found on your permit
- Upon approval, refunds will be processed according to the date this form was received by our Division and will not be backdated.
- All refunds will be processed by cheque; this includes cash, cheque, debit and credit card payments.
- All refund cheques will be mailed. Please allow three (3) weeks for processing.
- Entitlements under \$10 will be held as an account credit for future rentals or registrations.

PERMIT INFORMATION

TYPE OF BOOKING:		
PERMIT #:	DATE OF BOOKING:	DATE OF EVENT:
REQUESTING:	<input type="checkbox"/> CREDIT	<input type="checkbox"/> REFUND

REASON FOR REFUND

<input type="checkbox"/> CONFLICTING SCHEDULES	<input type="checkbox"/> OTHER, <i>(please specify)</i>
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COMMENTS:

SIGNATURE:	DATE:
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OFFICE USE ONLY

OTHER OPTIONED REVIEWED AT TIME OF SUBMISSION *(if so what were they):*

COMMENTS:

TOTAL FEES:	\$	WITHDRAWN IN AN?	
ADMIN FEES:	\$	REFUND PRINTED?	
PRO-RATED FEE:	\$	FT CLERK INITIALS:	
TOTAL REFUND/CREDIT TO BE ISSUED:	\$	MANAGER INITIALS:	