CITY OF LAWNDALE
COMMUNITY SERVICES DEPARTMENT
14700 Burin Avenue, Lawndale CA 90260 - (310) 973-3270 - www.lawndalecity.org

REFUND REQUEST
Please print using blue or black ink.

Payee's Name: __________________________________________

Mailing Address:
Address ______________________________________ City, ST Zip __________________________

Phone Number:
Daytime __________________________________________ Alternate __________________________

Participant's Name: __________________________________________

Participant's Address:
Address ______________________________________ City, ST Zip __________________________

☐ Check here if address is the same as payee’s address

Name of Class/Activity: __________________________________________

Schedule:
Day/Date __________________________________________ Time __________________________

Reason for Refund: __________________________________________

Class/Activity Fee: __________

Print Name __________________________________________ Signature __________________________

Refund checks will be mailed to the payee’s address listed on this form within approximately four to six weeks. Unless the program or class is cancelled by the City, the City will retain $5.00 per transaction, as an administrative processing fee, plus other non-refundable fees associated with the program, if applicable.

For Office Use Only

_____ Approved  _____ Denied

Reason for Denial: __________________________________________

Amount Paid: ________ Administrative Fee: ________ Amount of Refund: ________

Approved By (Name and Title): __________________________________________

Signature __________________________ Date __________________________