



CITY OF LAWDALE
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