



**CITY OF LAWDALE**  
**COMMUNITY SERVICES DEPARTMENT**

14700 Burin Avenue, Lawndale CA 90260 - (310) 973-3270 - [www.lawndalecity.org](http://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 \$15.00 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