

REFUND REQUEST FORM

City of Hamilton, Recreation Division www.hamilton.ca/recreation

Office Use Only Date Received: Received by: () Denied:	
() Approved	

Please complete to request a refund for a program, permit or membership. Return this form to the Recreation Centre you normally attend, along with your original receipt. For more information please review our website www.hamilton.ca/recrefunds

normally attents, along v	with your original rece	ept. For more information please re	view our website www.namiiton.ca	<u>a/recreturios</u>
Refund by:	que 🗌 Card Paymen	nt (Visa/MasterCard/Interac Debit)		
First Name		Last Name		
Address		City		
Postal Code		Phone		
E-mail		Member Nu	umber	
Type of Refund				
☐ Program Withdrawa	Barcode of Progra	am and Name of Registrant:		
Cancel Membership Membership Type & Date of Purchase:				
☐ Cancel Permit	Permit Number:			
Explanation: (attach o	riginal receipt and if a	pplicable any other documentation	as requested by manager)	
	<u></u>			
Customer Name (print)		Signature	Date	_
Office Use Only				
Staff Notes:				
Total Refund Requeste	.d \$			
Total Refund Approved		Charge Administrative Proces	esing Egg 🗆 Vas 🗆 No	
Total Netalla Apploved	Ψ	_ Onlinge Administrative Froces	3311g 1 cc 1 c3 1 to	
Manager Name (print)		Signature	Date	_
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Processed by (print)		Signature	Date	

All information, including Personal Information, collected by the City of Hamilton is done so under the authority of Ontario's *Municipal Act, 2001*, and *Municipal Freedom of Information and Protection of Privacy* Act, each as amended and will be used for program registration, administration and delivery. Questions about this collection should be directed to: Sr. Manager of District Operations, City of Hamilton, Recreation Division, P.O. Box 2040, Hamilton, ON L8P 4Y5, 905-546-3747