



Phone:
(859) 623-8753
345 Lancaster Ave
Richmond, KY 40475

Request For Refund Application

Refund Requested:

Date of Purchase _____ Receipt # _____ Amount Paid: _____

Type of Season Pass: _____

OR Activity: _____

Facility or Other: _____

Paid by: Cash/Check/CC Credit Card (last 4) _____ Exp. Date _____

Contact Person: _____

Refund Check payable to: Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Email: _____

Cell #1: _____ Name: _____

Please provide us with a reason for the requested refund:

Names of Registered Individuals (if an activity or a season pass refund):

(If an activity, please provide parent's information in Name 1 and child information on additional lines)

Name: _____ DOB (required): _____

Name: _____ DOB (required): _____

Name: _____ DOB (required): _____

Name: _____ DOB (required): _____

Name: _____ DOB (required): _____

Note: No refunds of any form will be given to season pass holders after June 15. If a refund is granted, any usage of the facility, the cost of materials, plus a \$5 processing fee will be deducted from the prorated refund for activities and for season passes. Any and/or all requests for refunds will be at the sole discretion of the City, and all decisions will be final. Patrons will be notified within sixty- (60) days of the date their request was processed via USPS. (No phone calls please.) Activity Refunds should be requested within 10 days of when the activity is scheduled to begin. If an activity or a facility request is approved, refunds will be processed within 10-14 business days and will be issued in a check from the City of Richmond.

For Office Use Only

Date Received _____ Received by: _____ Approved / Denied

Amount Initially Paid _____ Amount Refunded _____ Date Sent to City Hall _____

Reason for Denied Request/ Notes: _____

PLEASE RETURN TO

FAX TO: 859-624-0376 EMAIL: parksandrec@richmond.ky.us or MAIL: 345 Lancaster Ave. Richmond, KY 40475