



## City of Vacaville, Department of Community Services

40 Eldridge Ave, Suite 14, Vacaville CA 95688

www.cityofvacaville.com

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Fax: 707.469.4012 or 707.469.4022 or 707.469-6663

# Refund/Credit Request Form

It is the goal of the Vacaville Community Services Department to provide you with the quality and satisfaction you expect. Please review our Refund Policy and complete the form below to initiate the refund process.

**Refund Policy:** All refund requests must be submitted in writing using the Refund/Credit Request Form.

1. Full refunds will be issued if, and ONLY if:
  - a. the program is cancelled by the Vacaville Community Services Department; or
  - b. the Refund/Credit Request Form is submitted prior to the program refund deadline date.
2. Please refer to your receipt for the refund deadline date. Refund/Credit Request Forms received after the program refund deadline date will be reviewed on a case by case basis. As a general rule, a program refund request will not be granted after the program refund deadline date unless there are extenuating circumstances.
  - a. subject to an administration fee of \$5 for each program \$50 and under, or 10% of the class fee for each program over \$50.
  - b. issued as a credit on family account to be used for future Community Services program registration.
3. No refunds will be issued after a program ends – no exceptions. Refund/Credit will be issued within 4-6 weeks.

### To be completed by Main Contact:

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Activity Title: \_\_\_\_\_ Session Date(s): \_\_\_\_\_ Course Barcode: \_\_\_\_\_

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Reason for Refund Request (Required for refund requests submitted after program refund deadline date):

Please select one of the following options if requesting a full refund prior to refund deadline date:

Return my refund by check or credit card.

Return my refund as a credit on my family account for future Community Services program registration.

**By affixing my signature below, I authorize the City of Vacaville Community Services Department to process my refund. I understand that, if approved, my refund/credit will be issued within 4-6 weeks.**

Participant Signature (Parent/Guardian if under 18)

Date

# Refund/Credit Request Form for \*\*\*\*\*Staff Use Only\*\*\*\*\*

## Step 1 - To be completed by person who received initial request.

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Course Barcode: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Refund Deadline Date: \_\_\_\_\_

Course Barcode: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Refund Deadline Date: \_\_\_\_\_

### This refund/credit request was (select one):

Approved  Denied  Forwarded to: \_\_\_\_\_ Processed by: \_\_\_\_\_

Comments: \_\_\_\_\_

## Step 2 - Approval to be completed by coordinator if needed.

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

### This refund/credit request was (select one):

Approved  Denied  Forwarded to: \_\_\_\_\_

Date coordinator contacted customer: \_\_\_\_\_

Amount Paid:	-	Admin Fee:	-	Prorate Fee:	Total Refund:

Comments: \_\_\_\_\_

## Step 3 - Processing

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Submitted Refund/Credit by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Processed Refund/Credit by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Comments: \_\_\_\_\_