



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: _____

Name of Class/Activity: _____

Schedule: _____
Day/Date Time

Class/Activity Fee: \$ _____ **Refund Requested:** \$ _____

Print Name **Signature**

Credit card payments will be refunded within 5 business days. Refunds of payments by check will be mailed to the payee's address, listed above, within 4 to 6 weeks. Unless the program or class was cancelled by the city, the city will retain \$5 as an administrative fee.

For Office Use Only

_____ Approved	_____ Denied	
Reason for Denial: _____		
Amount Paid: \$ _____	Administrative Fee: \$ _____	Amount of Refund: \$ _____
Approved By (Name and Title): _____		
_____	_____	
Signature	Date	