

# Refund Request

Community Services  
408-730-7350



**Important – please read:**

Submit this request with your receipt. **Your request will not be processed without a receipt.** You can reprint receipts online through your account at *RecreationClasses.insunnyvale.com*. **Refund will be remitted to original payer** (please allow up to four weeks for refunds to be processed). If you were granted a Fee Waiver, please come to the office. Requests may be submitted via:

1. **Fax:** (408) 730-7754
2. **In person** at the Recreation Center (Mon.-Fri. from 9 a.m. to 6 p.m. at 550 E. Remington Dr.
3. **Phone:** (408) 730-7350. If requesting refund by phone, be prepared to verify transaction and household details such as payment reference, household number, and original receipt number.

*If you paid by cash or check, you will receive a check refund. If you paid by credit card, the card used for the transaction will be credited. You will be refunded the class fee minus \$10 processing fee per class. Save time and money by transferring to another class (transfer fee is \$5) by calling (408) 730-7350.*

**YOU ARE NOT ELIGIBLE FOR A REFUND IF REQUEST IS RECEIVED AFTER THE SECOND CLASS MEETING. REFUNDS AND TRANSFERS WILL NOT BE ISSUED FOR ONE OR TWO DAY CLASSES AND ACTIVITIES, TRIPS, THEATER TICKETS, OR FOOD SERVICES.**

**SUMMER CAMP REFUND POLICY: REFUND OR TRANSFER REQUESTS FOR SUMMER CAMPS MUST BE RECEIVED AT LEAST 4 WEEKS BEFORE THE FIRST DAY OF CAMP.**

Date of Request: \_\_\_\_\_ Type of Request (circle one):      Walk-in      Fax      Phone  
*(Mail or email submission of this form will not be accepted)*

Account Last Name: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Household ID # (top left of receipt): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Account Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Picnic/Facility- Reservation Number: \_\_\_\_\_ Park Name: \_\_\_\_\_

Participant's First Name	Class/Program	Class Number	Amount
One Refund Form/Participant			
Reason for Cancellation/Refund	(Circle One)		Total
Schedule Conflict      Illness/Injury      Rain      Not Satisfied      Other			

*If unsatisfied with class or "other" was selected, please explain:* \_\_\_\_\_

How was this class paid for?       Cash       Check: List Check # \_\_\_\_\_       Credit Card

If paid by credit card, please list: Last 4 digits of the card: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**For Office Use Only**

Service Charge: \_\_\_\_\_ Date & Time Staff Received Request: \_\_\_\_\_ Staff Initials: \_\_\_\_\_