



# Parks, Recreation & Community Services

Administration Office  
City Hall - 1 East 1<sup>st</sup> Street 11<sup>th</sup> Floor, Reno, NV 89501  
Phone (775) 334-2260 Fax (775) 334-2449

_____	Faxed on
_____	Mailed on
_____	Employee initials
_____	Date received back

## **Request for Account Adjustment Form** (Refunds • Credits • Transfers)

Please fill out completely – Completion of this form **does not** guarantee a request will be approved.

- A customer request for a refund, credit or transfer must be on the Request for Account Adjustment Form and received by the criteria deadlines listed below. Completion of this form does not guarantee a request will be approved.
- Customer requested refunds will be charged an administration fee of \$10 per activity and \$25 per rental. Administrative fees will not be charged on credits or transfers to another program, activity or rental.

**Sierra Kids and Youth Camps:** Must be requested by the Sunday preceding the week of the program. No Refunds issued after week of program starts. No credits or refunds will be issued for Washoe County School District snow days/late start, missed, sick or suspended days.

**Recreation, Aquatic Classes and Passes:** (more than one class meeting): Must be requested before the second class meeting. Some classes may require more advance notice.

**Workshops:** Must be requested one week prior to the program date. Some may require more advance notice.

**Leagues:** Must be requested prior to the last date of league registration.

**Class Materials:** No credits, transfers or refunds will be issued for class materials.

**Rental of Facilities / Shelter Areas:** must be canceled at least 30 days prior to the scheduled event. (No refunds will be issued due to inclement weather or if canceled less than 30 days)

Date \_\_\_\_\_ Refund Request \$ \_\_\_\_\_ (*Refunds may be subject to an Administrative fee*)

Participant Name \_\_\_\_\_

Activity Name \_\_\_\_\_ Activity # \_\_\_\_\_ Activity Date \_\_\_\_\_

Park or Facility Rental Name \_\_\_\_\_ Rental # \_\_\_\_\_ Rental Date \_\_\_\_\_

Reason for Adjustment Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Method of Adjustment Requested** (Please choose one and sign below)

- Transfer to another Activity or Rental \_\_\_\_\_
- Apply to PRCS Customer Account for future use
- Refund to Credit Card (Staff will contact you for your Credit Card number - if approved)
- Check mailed to (please allow four to six weeks processing time)

Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

for office use only				
<input type="checkbox"/> Transfer completed	<input type="checkbox"/> Credit Card Refund	<input type="checkbox"/> Check Refund Request sent to Finance	<input type="checkbox"/> Request Denied	<input type="checkbox"/> Credit to Account
Staff Initials, Date & Comments				
Requested Refund Amount \$		Administrative Fee \$	<b>Total Amount to be refunded \$</b>	