

City of North Port

4970 City Hall Boulevard
North Port FL 34286
Phone: (941) 429-7000



Refund Request Form

INSTRUCTIONS: Please complete this form in its entirety. Allow 3-4 weeks for verification and processing.

GENERAL INFORMATION:

Name: Organization/Participant Name(s):

Address: City: State: Zip:

Home Phone: Cell No.: E-Mail:

Activity/Program: Dates/Times (if applicable):

PAYMENT/REFUND INFORMATION:

Amount Paid: Paid by: Cash Check* Credit Card Refund Amount Requested:

*if payment was made by check, a copy of your cancelled check (front and back) must be submitted with refund request.

REASON FOR REFUND:

Signature

Print Name

Date

TO BE COMPLETED BY CITY

CREDIT CARD ACKNOWLEDGEMENT (for credit card refunds only): if approved, a credit will be issued in the amount of \$ _____ to the credit card used for payment.

Cardholder's Initials: _____ Date: _____

FOR CITY USE ONLY

Received by

Date

Payment Verified: Yes No Receipt No.: _____ Refund: Approved Denied

Reason if denied: _____

Reviewer's Signature

Title

Date

Supervisor/Manager's Signature

Title

Date