

**REQUEST FOR REFUND/TRANSFER**

To: Director of Leisure Services  
Oakwood Community Center  
105 Patterson Rd.  
Oakwood, Ohio 45419

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request a refund for the following pursuant to the OCC Refund/Transfer Policy:

Current Activity Name/Number/Dates: \_\_\_\_\_

Transfer To (If applicable): \_\_\_\_\_

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

Receipt Number: \_\_\_\_\_ Date on Receipt: \_\_\_\_\_

Reason for Refund/Transfer: \_\_\_\_\_  
\_\_\_\_\_

**FORM OF PAYMENT:** Amount Paid for Activity: \$ \_\_\_\_\_  
 CASH  
 CHECK Administration Fee: \$ -5.00  
 MC/VISA  
Total Amount of refund Requested: \$ \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Person Requesting Refund/Transfer

**\*\*\*PLEASE ALLOW 21 DAYS FOR RECEIPT OF REFUND\*\*\***

**FOR OFFICE USE ONLY**

Date Deposited: \_\_\_\_\_ Transfer Receipt Number: \_\_\_\_\_

Date Request Received: \_\_\_\_\_

Received by:  Personal Delivery  
 Mail (attach post-marked envelope)

Reason/Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Director of Leisure Services ( ) APPROVE ( ) DISAPPROVE

**FOR USE BY FINANCE DIRECTOR**

Refund Issued: \_\_\_\_\_ Check Number: \_\_\_\_\_