



CITY OF MENTOR

8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 • (440) 255-1100 • www.cityofmentor.com

City of Mentor Refund/Transfer Request Form

In order to be considered for a refund or transfer, please complete the following information and submit this form to the Front Desk. The completion of this form does not entitle you to a refund or transfer. No refunds will be granted less than 1 week prior to the start of the program or advertised deadline. Refund/transfer requests are handled on a case by case basis by the Facility Manager. An administrative fee of \$10 per class (\$25 per camp or bus trip) will be assessed for any cancellation or change made by the customer. A doctor's note must be attached to this completed form for any medical refund requests. You will be notified of your Refund/Transfer request within 5-10 business days.

Refund/Transfer Information (Please select one category)

PROGRAM Please Select: Refund Transfer
 Program Name _____ Day _____ Date _____ Time _____
 Transfer to: Program _____ Day _____ Date _____ Time _____

MEMBERSHIP
 Membership Type: _____

OTHER
 Refund Description: _____

REFUND REQUEST AMOUNT

Original Amount Paid: _____ Amount Requested: _____
 Original Method of Payment: Check Cash Credit Card

REASON FOR REFUND/TRANSFER

Participant and Payee Information

Participant Name: _____ Payee Name: _____
 Payee Address: _____
 Home Phone: _____ Email: _____
 Payee Signature: _____

OFFICE USE ONLY

Request Received On: _____ Request Received By: _____

Administrative Staff Initials: _____ Approved Not Approved

Amount Approved: \$ _____ Refund by: Account Credit Check Credit Card

Payee Notified On: _____ By: _____ Processing Fee: \$ _____

Notes: _____

