

**FAIRBANKS NORTH STAR BOROUGH
PARKS & RECREATION DEPARTMENT
REQUEST FOR REFUND
(ACTIVITY PASS)**

PARTY REQUESTING REFUND:

DATE: ___/___/___

NAME: _____

(The name listed above must be identical to the name on the original receipt).

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____

SIGNATURE: _____

ACTIVITY PASS:

NAME: _____ RECEIPT# : _____

TYPE OF PASS: _____

EXPIRATION DATE: _____

AMOUNT REQUESTED: _____

FACILITY: _____

RECEIVED BY: _____

FACILITY SUPERVISOR: _____

MANAGER: _____

REASON FOR REQUEST: _____

Activity pass must be turned in with refund request.

REQUEST:

APPROVED: _____

DENIED: _____

DATE: _____

SIGNED: _____

Manager, Parks & Recreation