



## Parks and Recreation Refund Request

[info@mlrec.com](mailto:info@mlrec.com) – PO Box 1579, Moses Lake, WA 98837 – P (509)764-3805 – F (509)764-3834

Customer Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Service/Class/Program Purchased \_\_\_\_\_

Names of Season Pass Holders/Class Enrollees \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Four Digits of Card Used for Original Payment \_\_\_\_\_ or Check Number \_\_\_\_\_

\_\_\_\_\_

I hereby declare that I am the initial purchaser of the Parks and Recreation program or service referenced above and that I am due this refund. I authorize the City of Moses Lake to refund me for said services via check or a direct refund to my card (when possible).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received By: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_