



Cancellation/Withdraw Request Form

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| For Office Use Only | Date Received: | Initials: |
|----------------------------|----------------|-----------|

Customer Information

(List all that apply to request)

Participant or Passholder Name(s):

Requestor Name (if different than passholder):

Contact Phone: _____ Email Address: _____

Address:

City, State, Zip:

I Want to Cancel or Withdraw from:

| | | |
|---|--|--|
| <input type="checkbox"/> LRC 6-month Pass | <input type="checkbox"/> LRC Annual Pass | Activity/Program: (List activity/program) |
|---|--|--|

Reason for Cancellation or Withdrawal:

| | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Relocation (proof required) | <input type="checkbox"/> Medical (proof required) | <input type="checkbox"/> Military (proof required) | <input type="checkbox"/> Other* |
|---|--|---|---------------------------------|

*If you selected "Other" above, please provide reason:

Signature: _____ Date: _____

Please submit this form with all required documentation **in-person** to Larson Recreation Center Front Counter Staff or **mail to Parks, Recreation & Cultural Services Dept, PO Box 1579, Moses Lake, WA 98837.**

All requests are reviewed with 48 hours of the date the request is received. Approval or denial of request will be communicated to customer via phone call and/or email.

___ Approve ___ Deny

Explanation: _____

Supervisor: _____ Date: _____

| Moses Lake Parks, Recreation & Cultural Services | | |
|--|--|--|
| Physical Address: | Contact Email: info@cityofml.com | Website: www.mlrec.com |
| 610 S Yakima Ave, Moses Lake, WA 98837 | Office Phone: (509) 764-3805 | |