



Facility Rental Cancellation Request

Please note: Only completed request forms will be processed

Cancellation Policy:

The Community Services Department must receive notification no less than fifteen (15) business days prior to the date stated on the permit. An administration charge equal to 10% of the total facility fee will be charged. Failure to comply with this policy will result in the loss of 50% of the total applicable facility fee.

Request Refund for Contract # _____

Reason for Cancellation:

Lessee's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Cheque to be mailed to: (Refund cheque must be in the name of person on contract)
Make sure customer address etc. is the same as shown in CLASS

Name: _____

Address: _____

Postal Code: _____ Phone: _____

Date-stamped by
Community Services Staff

Received by: _____
(Facility Office Staff)

Date: _____

Refund Approved by: _____
(Facility Supervisor)

Date: _____

Refund Processed by: _____

Date: _____

Refund Amount: _____