

**REFUND POLICY:****CLASSES/ACTIVITIES:**

**A full credit to the City of Menifee account of the Class Activity Fee may be issued when notice is given to the Community Services Department via online or in-person submission of the Request for Credit Form at least five (5) business days prior to the first scheduled class of the activity session.**

- **Transfers may be granted if the city of Menifee Community Services Department is notified prior to the first class meeting.**
- **Class cancellation policy: classes that do not meet the minimum participation requirement prior to the first class meeting may be cancelled by the instructor. If classes are cancelled, you will be notified and a credit will be issued for the amount of the course.**
- **No refunds for any class, program, activity or excursion. We are happy to provide credits to your account to utilize for a different activity.**
- **All credits are issued to a City of Menifee DASH account.**

**Requests for credits may be submitted online on the City of Menifee website or in person at the Community Services Department offices at 29995 Evans Road, Menifee, CA 92586. Once this form has been submitted there will be no changes allowed. The City of Menifee reserves the right to deny any request for refund which does not meet the Refund Policy. Please allow 2 weeks for processing of any granted credits to City of Menifee account.**

**City of Menifee Community Services Department  
29995 Evans Rd  
Menifee, CA 92586  
(951) 723-3880  
[www.cityofmenifee.us](http://www.cityofmenifee.us)  
[communityservices@cityofmenifee.us](mailto:communityservices@cityofmenifee.us)**



**MENIFEE**  
COMMUNITY  
SERVICES  
**REQUEST FOR CREDIT FORM**

<b>REQUESTOR'S INFORMATION:</b>		
First Name:	Last Name:	Phone Number:
Address:	City, State, Zip Code:	
<b>ACTIVITY INFORMATION:</b>		
Currently Registered In: _____		
Class Start Date: ____ / ____ / ____		
Original Amount Paid: \$ _____ . _____		
<b>REASON FOR CREDIT REQUEST</b>		
<input type="checkbox"/> Unable to attend program <input type="checkbox"/> Dissatisfaction with Instructor <input type="checkbox"/> Dissatisfaction with Class Content <input type="checkbox"/> Other (Please explain): _____ _____		
<b>REQUESTED Credit METHOD:</b>		
Requestor wishes to receive reimbursed funds via:		
Credit to the requestor's City of Meniffee - DASH ACCOUNT		
Transferred to the following program (additional fees may apply) : _____		
<b>REQUESTOR CONSENT:</b>		
Signature: _____		Date: _____
By signing the above form, the requestor agrees to the following:		
<ul style="list-style-type: none"> <li>The identity of the requestor matches the identity of the customer who paid for enrollment into the class for which the refund is being requested.</li> <li>Refunds credited to the requestor's City of Meniffee ActiveNet account will be processed within three (10) business days of approval of the request for refund.</li> <li>Any refunded credits received will be equal to the amount determined by Community Services Department credit policies as stated above.</li> <li>Participation in the activity for which the requestor has requested a credit for will cease on the day on which the requestor submitted their request. Further participation after submission of the above form may result in denial of the request.</li> <li>I have read and understand the terms of the Credit Policy as listed on the first page of the Request for Credit Form.</li> </ul>		
<b>COMMUNITY SERVICES DEPARTMENT USE ONLY:</b>		
Original Payment Date: ____ / ____ / ____		Invoice #: _____
Form of Initial Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check      Check Number: _____ <input type="checkbox"/> Credit		
Amount of Approved Credit: \$ _____ . _____		Any Fees Withheld: \$ _____ . _____
Staff Name: _____		Date Approved: ____ / ____ / ____
Staff Notes: _____ _____		