



SHAKER HEIGHTS

Community Life Department
(216) 491-1295

Refund Claim Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Course Name _____ Receipt No. _____

Amount of claim \$ _____ to claimant. Please be aware that no refunds are granted after the first class except for special programs such as childcare, camps and one-nighters. If you registered using a check or cash, you will receive a check in the mail. ***If you paid by credit card, your refund will be a credit to your Mastercard or Visa. All refunds are subject to a \$10 processing fee; \$25 for camps, Summer Figure Skating School, Summer Hockey School, Fall/Winter Hockey (except Mighty Mites), and School Age Care.*** Refund claim forms must be presented within 30 days of withdrawal from the class or program.

If you choose a Community Life Department computer credit in lieu of a cash/credit card refund, there will be no processing fee charged.

Would you like your refund in the form of a **Community Life computer credit**? _____ YES _____ NO

Claimant believes this claim should be allowed for the following reasons:

I have examined this claim and to the best of my knowledge and belief, this claim is true, correct and complete.

Signature _____ **Date** _____

Please return completed form to: City of Shaker Heights Community Life Department, 3301 Warrensville Center Road, Shaker Heights, Ohio 44122. Please allow 2-4 weeks for processing.

FOR OFFICE USE ONLY

Claim taken by _____ Program Manager _____

Date mailed _____ Date Returned _____