



CITY OF MELISSA

PARKS FACILITY

REFUND REQUEST FORM

Date: _____

Organization/Individual Name: _____

Mailing Address: _____

Contact Name & Phone No.: _____

Date & Time of Use: _____

Park Used: Zadow City Park Bob Miller City Park Melissa Lake Park
 Hunters Ridge City Park City Hall Plaza

Facilities Used Pavilion/Gazebo Restrooms
 Basketball Court Volleyball Court

Other: _____

I would like to request a refund of my deposit. I understand that an inspection of the park must be completed and approved before I am eligible to receive a refund of my deposit.

Signature _____

Date _____

TO BE COMPLETED BY CITY OF MELISSA

An inspection of the above listed park facilities has been completed and it has been:

Approved and a refund may be issued.
(A refund check will be issued within three weeks of submittal.)

Not Approved (Explain) _____

City Representative Signature _____ Title _____ Date _____

Park Deposit \$ _____ Key Deposit \$ _____

TOTAL DEPOSIT \$ _____ DATE REFUND CHECK ISSUED: _____

TOTAL REFUND \$ _____ CHECK #: _____

TOTAL PARK FEE \$ _____