



City of Huntington Beach
Community Services Department
 2000 Main Street, Huntington Beach, CA 92648-2702
 (714) 536-5486

Refund Authorization

FACILITY _____ **DATE OF EVENT** _____

*If you will pay for your rental with a credit card (Visa, MC, or Discover) enter the information for that card below. Please present card to clerk for payment. Refunds are processed 7-10 days after event.

Name on Card _____

Credit Card Last 4-Digits _____

Expiration Date _____ / _____
MONTH / YEAR

OR

*If you will pay by check or cash, indicate the name and address of where to send the refund check. Please allow up to 4-6 weeks after the event for processing.

Tell us which name to make the refund check payable to and provide a mailing address. (Please fill out even if the information is the same on the application)

NAME

NUMBER STREET APT#

CITY STATE ZIP

-----FOR DEPARTMENT USE ONLY-----

Reason for Refund

Security Deposit	\$ _____
Insurance	\$ _____
Rental	\$ _____
Alcohol Filing Fee	\$ _____
Other	\$ _____

Total Refund Due \$ _____

Submitted by: _____ Date: _____