



City of Huntington Beach

Community & Library Services Department
2000 Main Street – 5th Floor
Huntington Beach, CA 92648
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 2-4 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: _____