



Township of Brock  
1 Cameron St. E.  
PO Box 10  
Cannington, On  
L0E 1E0  
Fax: 705-432-3487

## Refund Request Form

### Applicant Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Service requesting a refund for:** (please give details of service location, date of payment, date of service if applicable)

**Service:** \_\_\_\_\_

### Refund Information:

**Amount paid:** \_\_\_\_\_ **Method of payment:** \_\_\_\_\_

Refund requests must be made by completing the Refund request form. Your completed form must be brought to the Municipal Office, faxed to 705-432-3487 or emailed to [brock@brock.ca](mailto:brock@brock.ca). Refund request forms will be processed according to the criteria outlined in the Township of Brock's Refund Policy. Once submitted, please allow 14 business days for approval and processing. Submission of a form does not guarantee that a refund will be issued.

### For office use only

Date received: _____	Refund amount: _____	GL # _____
Department head approval: _____		
Date processed: _____	Refund cheque # _____	Cr.Card Refund# _____