



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@townshipofbrock.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# _____