

City of Davis
Community Services Department

Refund Policy
Satisfaction Guaranteed!

Our goal is to provide the best service available and to guarantee your satisfaction. Please complete the questionnaire below. You are verifying that the participant did attend the first class and this form is being completed within 24 hours of the first class. We will credit your household immediately. This policy does not apply to trips, special events, adult sports leagues, Horse or Golf programs, backpacking trips or one-day specialty camps.

If you have any questions, or wish to discuss the program in more detail with a supervisor please call 757-5626.

Today's Date: _____

Your Name: _____ *Telephone Number:* _____

Address: _____

Individual Enrolled (if different from above): _____

Program: _____ *Fee Paid:* _____ *Class Number:* _____

Date(s): _____ *Day(s):* _____ *Time:* _____

Provide information on why you were dissatisfied with the program/class:

Do you have any suggestions for improving the program/class?

Have you participated in any Community Services programs in the past? _____

THANK YOU IN ADVANCE FOR YOUR ASSISTANCE.
WE HOPE YOU WILL TRY OUR PROGRAMS AGAIN.

OFFICE USE ONLY: Date _____
Amount of Refund: _____
Programs Account #: _____
Initials: _____
Did participant attend the entire first day/class: _____
Signature of Supervisor: _____

Comments: _____

