KCCA Refund Request Form

Refund requests must be completed in full, signed and dated to be processed. Please print clearly.
Cancellation of online reservation prior to arrival must be cancelled online for an immediate refund.

Name: _____

Address : _____ **Town:** _____

Postal Code: _____ **Telephone #:** _____

Refunds are subject to review and approval by the director of operations. You will be contacted via phone or mail if there is a problem issuing a refund. Please read carefully the refund policy found in Section 6 of the Seasonal Camping Permit Application and/or the reverse of this form. Refund Request Form may take up to 30 days to process.

Reason for refund: _____

_____

_____

_____

_____

_____

Campground _____ Site #: _____

Amount Requested: _____
I understand that this request will be reviewed by the director of operations and if approved a cheque will be mailed.

Signature: _____ Date: _____

For Staff Use Only

Request received by: _____ Date: _____ Time: _____
Staff Signature

Please ensure that the CAMIS report and any other supporting documentation is attached to this request.

☐ **Refund Approved By:** _____ Date: _____
Staff Signature

Total Payment Received: $_____

Deductions (Based on KCCA's Cancellation Refund Policy):

☐ Reservation Fee $_____
☐ Cancellation Fee $_____
☐ Forfeit One Night Stay $_____
☐ Other: $_____

TOTAL AMOUNT REFUNDED $_____
*(If refund approved, please find enclosed cheque in the amount noted above)

☐ **Refund Denied By:** _____ Date: _____
Staff Signature

*Request was denied for the following reasons: