



Township of Howell
 P.O. Box 580 • 4567 Highway 9 North
 732-938-4500 ext. 2106 • www.twp.howell.nj.us



REFUND REQUEST FORM

Adult Name (*please print*): _____

Home Address: _____

City: _____ Zip Code: _____

Daytime Phone #: _____ Evening Phone #: _____

Child's Name: _____

Activity/Program Name: _____ Program Fee: \$ _____

Program fee paid for by: Cash _____ Check _____

Reason for refund: _____

Applicant's Signature
Please PRINT full name
Date

- FOR OFFICE USE ONLY -

Refund Approved: Yes _____ No _____ • **Account:** General _____ Trust _____

Approved by: _____ **Supervisor:** _____

Total Amount: \$ _____ – **10% Processing Fee:** \$ _____ **Total Refunded:** _____

Processed by: _____

Notes: _____

