

**APPLICATION FOR REFUND  
RELATED TO USE OF LIBRARY FACILITIES**

1. Name of Requestor \_\_\_\_\_

Address \_\_\_\_\_

2. Date of Event \_\_\_\_\_

3. Today's Date \_\_\_\_\_

4. Date Payment Made \_\_\_\_\_

5. Payment made **with:**    Check (include #) \_\_\_\_\_    Credit Card \_\_\_\_\_

6. Refund request approved by **Facilities Office** \_\_\_\_\_

7. Amount of Refund \_\_\_\_\_

8. Date Check sent out \_\_\_\_\_    or Credited Credit Card \_\_\_\_\_

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**Email this form to [facrental@lapl.org](mailto:facrental@lapl.org)**