



# CITY OF MASCOTTE

## CIVIC CENTER CANCELLATION FORM



Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

Location: \_\_\_\_\_ Rental Date Cancelled: \_\_\_\_\_

I \_\_\_\_\_ would like to cancelled the reservation for the above. I would like a full refund of my deposit paid and any other rental fees paid.

Applicant's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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**Office Use Only**

Total Refund Amount: \$ \_\_\_\_\_ Deposit Amount Paid: \$ \_\_\_\_\_ 1-220200

Rental Fees Paid: \$ \_\_\_\_\_ 1-362100

Sales Tax Paid: \$ \_\_\_\_\_ 1-208050

Cancellation processed by: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_