

NEVADA DIVISION OF STATE PARKS

Park remit to address:

REQUEST FOR REFUND

Park: _____ Date: _____

Name: _____

Address: _____

Amt. of Refund Requested: \$ _____

Reason for Refund: _____

Signature: _____

Original Permit or Receipt must be attached for your refund to be processed.

Please allow 30 days from the date of final approval for refund. Please leave refund request form with park employee or mail to the park's remit to address above.

For Park Office Use Only:

Park Authorization: _____ Date: _____

Permit # _____ Permit Type: _____ Date of Permit: _____

Approved **Denied**

Reason for Denial: _____

For Division Office Use Only:

Approved By: _____ Date: _____

Denied Reason: _____

Per State of Nevada Accounting Policies and Procedures, no cash refunds given at point of sale.