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| Copy sent to Park: | |
| Copy sent to Requestor: | |

**NEVADA DIVISION OF STATE PARKS
REQUEST FOR REFUND**

Park or Office of Original Purchase: _____

First Name: _____ Last Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Amount of Refund Requested: \$ _____

Reason for Refund: _____

Signature: _____ Date: _____

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.

Refund will be sent in the form of a check.

Send complete form to: stparks@parks.nv.gov or 901 S. Stewart St., Ste. 5005 Carson City, NV 89701.

For Office Use Only:

Authorization: _____ Date: _____

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

Approved **Denied**

Reason for Denial: _____

For Administrator Use Only:

Approved By: _____ Date: _____

Denied Reason: _____