

**City of Waitsburg**  
**147 Main Street**  
**P.O. Box 35**  
**Waitsburg, WA 99361**  
**Telephone: (509) 337-6371 Fax: (509) 337-8089**

**REQUEST FOR REFUND OF FAIRGROUNDS DEPOSIT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date deposit filed in your name: \_\_\_\_\_

A customer may apply for and receive a fairgrounds deposit refund if the following conditions have been met:

- (1) The person has satisfied all obligations to pay for services provided to the person; and
- (2) Fairgrounds services to the person have been terminated at the request of the person; and
- (3) The person has maintained the conditions of the rented area during their stay and no new damages are present at the time of the refund request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Official Use:

Date request was received: \_\_\_\_\_

Received by: \_\_\_\_\_

Refund:        \_\_\_\_\_ Approved        \_\_\_\_\_ Denied

By: \_\_\_\_\_

Date: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_