

**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 via, Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

6. Refund request approved by Business Office \_\_\_\_\_

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

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

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Fax this form to:  
Library Business Office (213) 228-7449  
Attn: Janet Lavilles  
Or email form to [lavilles@lapl.org](mailto:lavilles@lapl.org)