



15145 Yonge Street
Aurora, Ontario L4G 1M1
905-727-9493
www.library.aurora.on.ca

REQUEST FOR PROGRAM REFUND

REQUESTER INFORMATION

Name: _____

Address: _____

Telephone: _____

Name of Registrant: _____

DETAILS OF REQUEST

Program Title: _____

Program Date: _____

Value of Refund: _____
(\$5.00 administrative fee)

Signature of Requestor

Date

PLEASE NOTE: Upon written request a refund, less an administration fee of \$5.00 and accompanied by the original Aurora Public Library receipt/ticket, will be issued up to one week before the program starts. Refunds will be issued by cheque within 30 days.

No refunds will be given in the week prior to the program start date or after a program has started.

Authorized by: _____

Date: _____

Personal Information contained on this form is collected under the authority of the Public Libraries Act, 1990 R.S.O. 1990, C44 for the purpose of administering library services. Questions about the collection of this information should be directed to: Chief Executive Officer, Aurora Public Library, 15145 Yonge Street, Aurora ON L4G 1M1