

Facility Reservation Change Request

RETURN COMPLETED FORM TO:

City of Salem, Public Works Department
555 Liberty Street SE Room 325
Salem OR 97301-3513
503-588-6261 (Monday-Friday, 8 a.m.-5 p.m.)
After hours/weekend contact: 503-588-6311

Cancellation Change
Fee Amount \$ _____
Refund Amount \$ _____

Applicant Name _____

Original Facility Reserved _____ New Facility Reserved _____

Original Date Reserved _____ New Date Reserved _____

Original Hours: From _____ To _____ New Hours: From _____ To _____

Reason for Change or Cancellation:

**REFUNDS ARE MADE OUT ONLY TO THE INDIVIDUAL WHO ORIGINALLY PAID
FOR THE RESERVATION, AND WILL BE MAILED.**

Mail refund to:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature _____ Date _____

PW OFFICE USE ONLY

Customer # _____ Credit Card

Fee Amount \$ _____ Cash

Refund Amount \$ _____ Check # _____

Approved by _____ Date _____

PLEASE KEEP A COPY OF THIS FORM AT YOUR RESERVED EVENT

Copies: Applicants Recreation Services Public Works Department Compliance