



SEASIDE CALIFORNIA

Deposit Refund Request Form

Parks and Recreation Division
986 Hilby Avenue, Seaside CA 93955
831-899-6800

Renter Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Email: _____

Today's Date: _____ Date of Rental: _____

Room Rented: _____ Deposit Amount Paid: \$ _____

Original Payment for Deposit Made By: Credit Card Check Cash

(For Office Use Only)

Approved: Yes No

Staff Signature: _____

Date: _____

Processed By: _____

Date: _____

P.O. Date (if applicable): _____