

Park Fee Refund Request Form

Department of Recreation and Parks



THIS BOX FOR RECREATION AND PARKS STAFF USE ONLY

Case Number _____

Application Type REFUND REQUEST

Date Application Received _____ Date Completed/Cancelled _____

RAP CASHIER NOTE

\$ _____	-	\$ _____	=	\$ _____	_____
Total Eligible Refund Amount		Amount Deposited to Admin Account		Total Refund Approved	Refund from Account/Park Fee W.O. No.

Provide all information requested. Missing, incomplete or inconsistent information will cause delays and may cause the application to be rejected.

All terms in this document are applicable to the singular as well as the plural forms of such terms.

TYPE OF DEVELOPMENT

Subdivision

Non-Subdivision

Tract or Parcel Map #: _____

Building Permit(s)#: _____

Related Zone Change

Case: _____

PROJECT LOCATION

Address*: _____ Zip code: _____

Legal Description (Lot, Block, Tract)**: _____

Assessor Parcel Number: _____

Project Name (if applicable): _____

Existing Zone: _____ Future Zone (if applicable): _____

REFUND REQUEST AMOUNT

REQUIRED ATTACHMENTS

- Copy of Receipt issued by the Department of Recreation and Parks for payment of Park Fees.
- Any supplemental documents for refund justification.

*Street Addresses must include all addresses on the subject/application site (as identified in ZIMAS <http://zimas.lacity.org>)

**Legal Description must include all contiguously owned properties (even if they are not a part of the proposed project site)

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REASON FOR REFUND REQUEST (USE SUPPLEMENTARY SHEETS IF NECESSARY)

APPLICANT (ORIGINAL PAYER)

First Name	<input type="text"/>	Last Name	<input type="text"/>
Company Name	<input type="text"/>		
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

AGENT/ REPRESENTATIVE INFORMATION****

First Name	<input type="text"/>	Last Name	<input type="text"/>
Company Name	<input type="text"/>		
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

PRIMARY CONTACT FOR REFUND REQUEST

Name (Required)	<input type="text"/>
Email (Required)	<input type="text"/>

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APPLICANT INSTRUCTIONS

APPLICANT DECLARATION: A SIGNATURE FROM THE APPLICANT, WHETHER THEY ARE THE PROPERTY OWNER OR NOT, ATTESTING TO THE FOLLOWING, IS REQUIRED BEFORE THE APPLICATION CAN BE ACCEPTED.

A. I hereby certify that the information provided in this application, including plans and other attachments, is accurate and correct to the best of my knowledge. Furthermore, should the stated information be found false or insufficient to fulfill the requirements of the Department of Recreation and Parks, I agree to revise the information as appropriate and resubmit the application if required.

B. I understand and agree that any report, study, map or other information submitted to the City in furtherance of this application will be treated by the City as public records which may be reviewed by any person and, if requested, that a copy will be provided by the City to any person upon the payment of its direct costs of duplication.

C. I understand that the burden of proof to substantiate this request is the responsibility of the applicant.

D. I understand that there is no guarantee, expressed or implied, that any application will be approved. I understand that each matter must be carefully evaluated and that the resulting recommendation or decision may be contrary to a position taken or implied in any preliminary discussions.

E. I understand upon the Department of Recreation and Parks' determination, the fee payer may receive a refund, without interest, of the fees paid pursuant to this section; however, the portion of any fee revenue received by the City as reimbursement of its costs in administering the provisions of this section shall not be refunded. (LAMC 12.33, Section I.4)

F. I understand that an application for a refund shall be submitted to the City within one year of payment and that failure to timely submit the required application for refund shall constitute an absolute waiver of any right to the refund. (LAMC 12.33, Section I.4)

G. I affirm that I have read the General Application Instructions (PF-1001-I).

H. Applicants not eligible to pay via ACH or Credit Card on the Universal Cashiering System payment platform shall be issued a Park Fee Calculation Letter and required to pay via Cashier's or Certified Check

I. By my signature below, I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of this application.

Application Filing Process:

- Electronically: Applications may be submitted via email at rap.parkfees@lacity.org.
- Via Mail: Applications and additional attachments can be mailed to the following address: ATTN: Park Fees Group, 221 N. Figueroa Street, 4th Floor, Los Angeles, CA 90012

The City requires an original or digital signature from the applicant. The applicant's signature below does not need to be notarized.

Signature: _____

Date: _____

Print Name: _____