

Refund Request Form

Please note that filling out this form does not cancel your reservation. To cancel, you must contact the Information Desk at 410-479-1343 X1 or info@carolib.org.

Credit card payments will be refunded to the card. Cash and check payments will be refunded with a check.

Refunds must be requested within thirty days of payment.

Original Date of Meeting: _____ Reason for Cancellation: _____

Original Method of Payment: Cash Check Credit Card

Refund Check Payable to: Organization Individual Requesting Refund Other _____

Name of Organization: _____

Name of Person Requesting Refund: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____