

Fairhaven School  
 Food Services Office  
 420 Lincoln Way  
 Niles, Ohio 44446

(Negative balances must be paid prior to withdrawing)

**PARENT REQUEST FOR REFUND**

STUDENT NAME:			ROOM #			TOTAL AMOUNT	\$
STUDENT NAME:			ROOM #			TOTAL AMOUNT	\$
STUDENT NAME:			ROOM #			TOTAL AMOUNT	\$
STUDENT NAME:			ROOM #			TOTAL AMOUNT	\$
STUDENT NAME:			ROOM #			TOTAL AMOUNT	\$

**PARENT INFORMATION**

PARENT NAME:						
MAILING ADDRESS:						
CITY:		STATE:		ZIP CODE:		
PHONE:	( )-	-		EMAIL:		
PARENT SIGNATURE:						

**FOR FOOD SERVICES OFFICE USE ONLY**

Amount Total Refund:	\$
DATE REFUND PROCESSED IN FSO:	
OFFICE SIGNATURE:	
<p><b>EMAIL THIS FORM TO: <a href="mailto:Lindseyison@TCBDD.ORG">Lindseyison@TCBDD.ORG</a></b></p> <p>Refunds will be mailed. Please ensure an accurate mailing address on this form.          Forms can take several weeks to process.</p>	