

# Laundry Refund Form

Date: \_\_\_\_\_

Building Name or No. for Laundry Room: \_\_\_\_\_

Name of School or Apt. Community: \_\_\_\_\_

Problem Machine:

Washer # \_\_\_\_\_ Dryer # \_\_\_\_\_ Charger # \_\_\_\_\_

Amount Lost: \_\_\_\_\_

Nature of Problem: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Student # \_\_\_\_\_ Phone # \_\_\_\_\_

Building: \_\_\_\_\_ Room # \_\_\_\_\_