

# Facility Reservation Change Request

## SUBMIT COMPLETED FORM TO:

Cancellation      Change

City of Salem  
555 Liberty Street SE, Room 100  
Salem, OR 97301-3513  
503-588-6261 • Fax: 503-584-4680  
parksandrecreation@cityofsalem.net • **After hours/weekend contact: 503-588-6311**

Permittee Name \_\_\_\_\_ Organization \_\_\_\_\_

Original Facility Reserved \_\_\_\_\_ New Facility Reserved \_\_\_\_\_

Original Date Reserved \_\_\_\_\_ New Date Reserved \_\_\_\_\_

Original Hours: From \_\_\_\_\_ To \_\_\_\_\_ New Hours: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Change or Cancellation:

Permittee Signature \_\_\_\_\_ Date \_\_\_\_\_

**KEEP A COPY OF THIS FORM AT YOUR RESERVED EVENT.  
REFUNDS ARE PROVIDED TO THE INDIVIDUAL WHO ORIGINALLY PAID FOR THE RESERVATION.**

## OFFICE USE ONLY

### Refund to:

Customer # \_\_\_\_\_

Credit/Debit Card

Fee Amount \$ \_\_\_\_\_

Cash

Refund Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Permit Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Recreation \_\_\_\_\_ Date \_\_\_\_\_

Copies:  Permittee     Recreation Services     POS     Compliance Services