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2130 HERITAGE LOOP ROAD
PASO ROBLES, CA 93446
www.hroa.us

Refund Request

Date of Refund Request: _____

Member or Tenant Name: _____

Guest Name: _____

Lot/Tract: _____ / _____ Account/Member ID: _____

H.R. Property Address: _____

Address to mail the refund (if different): _____

Primary e-mail*: _____

Home Phone: _____ Mobile Phone: _____

Original Method of Payment (circle one): Cash Check Credit Card

Reservation Information

Type of Reservation: Boat Slip Campsite Other (Please specify) _____

Boat Slip or Campsite number that was reserved: _____

Start Date: _____ End Date: _____

Receipt Number (if applicable) _____

Reason for Refund Request:

Office Use Only

Original Amount: _____ Refund Amount: _____

Date of Refund: _____ Method of Refund: _____