

# RECREATION CENTERS OF SUN CITY, INC.

10626 W Thunderbird Blvd, Sun City, AZ 85351

Phone (623) 561-4603 | Fax (623) 561-4641

## REQUEST FOR REFUND

Instructions:

1. Attach a copy of the cardholder's death certificate, if applicable.
2. All refunds are subject to RCSC Corporate Bylaws.
3. All Requests for refunds must be received by RCSC within the deadlines defined in RCSC Corporate Bylaws:

(1) Within 3 years of the transaction for sale or acquisition transactions, or

(2) Within 3 years of the last transaction for Preservation & Improvement Fee refunds, or

(3) Within 3 years of the death of the cardholder.

Property Address \_\_\_\_\_

### RCSC Cardholders:

Name \_\_\_\_\_ RCSC Number \_\_\_\_\_ Expires \_\_\_\_\_

Name \_\_\_\_\_ RCSC Number \_\_\_\_\_ Expires \_\_\_\_\_

Name \_\_\_\_\_ RCSC Number \_\_\_\_\_ Expires \_\_\_\_\_

### Refund For:

<input type="checkbox"/> Annual Property Assessment	<input type="checkbox"/> Date of Death <sup>1</sup> _____
	<input type="checkbox"/> Date of Sale _____
<input type="checkbox"/> Preservation & Improvement Fee	<input type="checkbox"/> Date of Sale _____
	Property Address _____
	<input type="checkbox"/> Date of Acquisition _____ New RCSC# _____
	Property Address _____
	<input type="checkbox"/> Date of Inheritance _____
<input type="checkbox"/> Golf Pass	<input type="checkbox"/> Date of Death <sup>1</sup> _____
	<input type="checkbox"/> Date of Injury _____
<input type="checkbox"/> Privilege Card	<input type="checkbox"/> Date of Acquisition _____
	Property Address _____
	<input type="checkbox"/> Date of Death <sup>1</sup> _____

### Send Refund To:

Name \_\_\_\_\_

In Care Of  
(Optional) \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Requested By \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_