

Downey Unified School District Food Services Department

11627 Brookshire Ave.

Downey, CA 90241

Telephone (562) 469-6674 ♦ FAX (562) 469-6677

Lunch Account Refund Request

To be completed by the parent/guardian of the account holder

Name of child: _____ Date: _____

School: _____ Account Number: _____

Name of parent/guardian: _____

Reason for Refund:

- Withdrawal
- Status Change
- Graduation
- Other

Amount of refund: _____

Is the refund under \$10.00? YES NO

If Yes: Sign and return to: Downey Unified School District
Food Service Department
11627 Brookshire Ave.
Downey, CA 90241

If No:

Parent's Forwarding Address: _____

I am authorized to request this refund as the student or parent/guardian of the student listed above. Please allow 4-6 weeks for processing.

Parent's Signature: _____