

**UNIVERSITY OF CALIFORNIA, SANTA BARBARA
COMMUNICATIONS SERVICES
CUSTOMER REQUEST FOR REFUND OF CHARGES**

Please print legibly or type.

This form is to be used by any customer of Communications Services who is requesting a refund of charges for services. Information provided on this form is subject to review, in accordance with departmental policies, University of California policies, State of California laws, and federal laws. **Claims for refunds must be received by UCSB Communications Services within sixty (60) days of the date of the billing summary on which they appeared.**

Customer Name (as it appears on billing summary)	Perm Number	Telephone Number	
Residence Hall or Street Address (where telephone line is installed)		Room Number or Apartment	
Mailing Address for Refund (Street Address or P.O. Box)	City	State	Zip Code

Please describe the charges, and explain why you are requesting a refund. Be sure to specify the amount. Attach a copy of the billing summary, highlighting the applicable charges.

I hereby request a refund of the charges described above. I understand that this request will be reviewed in accordance with Communications Services department policies, University of California policies, State of California laws, and federal laws. I further understand that a person who knowingly, willfully, and with intent to defraud avoids or attempts to avoid lawful charges for telephone service may be prosecuted under California Penal Code section 502.7, with potential penalties of up to one year imprisonment, a fine not to exceed ten thousand dollars (\$10,000), or both.

Signature: _____ Date: _____

Mail or deliver completed form to:

Communications Services
Public Safety Building
University of California
Santa Barbara, CA 93106-1020

Please do not write below this line.

Amount of Refund Requested	Initiated By		
Approved / Denied	Date Processed	By	Amount Refunded

(Res5-8/03)