

Natural Chimneys Camping Refund Appeal Form



This form only needs to be completed in cases of hardship or consideration for exception to the Camping Refund Policy as stated below. It must be received in the Parks and Recreation office within 10 business days of cancelled check-in date.

Cancellations and Refunds Policy

- If a reservation is cancelled prior to 48 hours from check-in, a \$5 per night cancellation fee will be deducted and the balance will be refunded (maximum fee of \$20). Any reservation cancelled less than 48 hours from check-in will not receive a refund.
- All refund requests due to emergency, illness, death, etc. within the 48 hours from check-in must be received on the Refund Appeal Form within 10 business days of cancelled check-in date. Please provide documentation of hardship. Note that the \$5 per night fee (\$20 maximum) will still apply. Mail completed form to Augusta County Parks and Recreation at P.O. Box 590, Verona VA 24482 or email to camping@co.augusta.va.us.
- Refunds will not be issued in the form of credits toward later camping dates. Payments made by credit card will be refunded to the original card. Payments made by cash or check will be refunded by check. If there is an existing household balance, the refund will be directly applied to that balance.
- Refunds may only be requested by the reservation holder.
- Reservation must be cancelled for any type of refund to be considered or issued.

Transfer Policy

- Reservations cannot be transferred to another date. This change would constitute a cancellation and established cancellation fees would apply.
- Reservations can be transferred to another campsite for the same date(s) if an acceptable site is available and does not conflict with other standing reservations. In such cases no refunds are provided if the new site is of lesser value.

Name of Reservation Holder

Campsite #

Dates of Reservation

Total Paid

Phone Number

Alternate Number

Reason for Refund Appeal

By checking this box and typing my name below, I certify that the information provided on this form is complete and correct to the best of my knowledge. I understand and hereby agree that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature

Date

Should my refund request be approved, please make refund payable to:

Name of Payee

Address

City

State

Zip

←----->
OFFICE USE ONLY BELOW THIS LINE

This refund is APPROVED / DENIED for the amount of \$_____.

Authorized Staff Member

Signature

Date