



MARYLAND DEPARTMENT OF NATURAL RESOURCES
FOREST SERVICE

APPLICATION FOR REFUND

PLEASE PRINT IN INK – FOR COMPLETE INSTRUCTIONS SEE REVERSE

DNR ID# _____			First Name _____			Middle Name _____			Last Name _____			FULL Social Security or Federal Identification Number (REQUIRED) \$ _____ Total Refund Requested					
Mailing Address _____						Daytime Telephone No. _____											
City _____			State _____			Zip Code _____											
PCA Code _____			Source Code _____			Amt. _____			PCA Code _____			Source Code _____			Amt. _____		
PCA Code _____			Source Code _____			Amt. _____			PCA Code _____			Source Code _____			Amt. _____		

Refund is hereby requested for: (check one)

I. CAMPING – Indicate reservation number _____ (REQUIRED)

A. Large Campsite reservation, cancelled 30 days or more prior to scheduled arrival date.

Please calculate refund requested and insert on "Refund Amount Requested" line:

Number of nights _____ x \$44/ night* = _____

* equals to a full refund, less a \$6 per night reservation cancellation service charge

**Refund Amount
Requested**

B. Large Campsite reservation, cancelled between 29 and 8 days prior to scheduled arrival date.

Please calculate refund requested and insert on "Refund Amount Requested" line:

Number of nights _____ x \$19/ night* = _____

* equals a 50% refund, less a \$6 per night reservation cancellation service charge

C. Small Campsite reservation, cancelled 30 days or more prior to scheduled arrival date.

Please calculate refund requested and insert on "Refund Amount Requested" line:

Number of nights _____ x \$24/ night* = _____

* equals a full refund, less a \$6 per night reservation cancellation service charge

D. Small Campsite reservation, cancelled between 29 and 8 days prior to scheduled arrival date.

Please calculate refund requested and insert on "Refund Amount Requested" line:

Number of nights _____ x \$9/ night* = _____

* equals a 50% refund, less a \$6 per night reservation cancellation service charge

No refunds will be issued for campsite reservation cancellations that are made 7 or less days prior to scheduled arrival date, or for no-shows / cancellations / early departures after the date of scheduled arrival.

I/We certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief.

Applicant's Signature _____

Date _____

Approved By: _____
Supervisor Date Fiscal Officer Date

INSTRUCTIONS FOR COMPLETING APPLICATION

The refund application must be completed in full. Please follow the steps outlined below.

- Step 1: Please print DNR ID#, name and address clearly. Your refund will be mailed to the address indicated on this application.
- Step 2: Your Social Security or Federal Identification Number is required by the Comptroller of the Treasury to obtain a refund.
- Step 3: Your Camping Reservation Number is required to process any refund request. The name associated with the reservation number must match the name provided on this refund application form. Refunds will only be issued to the individual making the reservation.
- Step 4: Check the appropriate box indicating the type of refund requested (A, B, C, or D), calculate the amount of the refund being requested (*per the formula provided*) and submit the refund application as noted below.

YOUR APPLICATION MAY BE SUBMITTED TO ANY OF THE FOLLOWING DNR FOREST SERVICE OFFICES

Business Hours: 8:30 am to 4:30 pm Monday – Friday (except state holidays)

Annapolis Headquarters Office

MD DNR Forest Service
580 Taylor Avenue, E-1
Annapolis, MD 21401-2397
410-260-8531
1-877-620-8367 ext. 8531 (Toll Free in MD)
410-260-8595 (Fax)

Western Regional Office

MD DNR Forest Service
14110 Pleasant Valley Rd
Flintstone, MD 21530
301-777-5818
301-777-2197 (Fax)

Savage River State Forest Office

MD DNR Forest Service
127 Headquarters Lane
Grantsville, MD 21536
301-895-5759
301-895-5453 (Fax)