MARYLAND DEPARTMENT OF NATURAL RESOURCES
FOREST SERVICE
APPLICATION FOR REFUND
PLEASE PRINT IN INK – FOR COMPLETE INSTRUCTIONS SEE REVERSE

<table>
<thead>
<tr>
<th>DNR ID#</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<tr>
<th>Mailing Address</th>
<th>Daytime Telephone No.</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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:
  \[ \text{Number of nights} \times \$44/\text{night}^* = \text{Refund Amount Requested} \]
  * equals a full refund, less a $6 per night reservation cancellation service charge

- □ 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:
  \[ \text{Number of nights} \times \$19/\text{night}^* = \text{Refund Amount Requested} \]
  * 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:
  \[ \text{Number of nights} \times \$24/\text{night}^* = \text{Refund Amount Requested} \]
  * 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:
  \[ \text{Number of nights} \times \$9/\text{night}^* = \text{Refund Amount Requested} \]
  * 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

<table>
<thead>
<tr>
<th>Annapolis Headquarters Office</th>
<th>Western Regional Office</th>
<th>Savage River State Forest Office</th>
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<tbody>
<tr>
<td>MD DNR Forest Service</td>
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<tr>
<td>580 Taylor Avenue, E-1</td>
<td>14110 Pleasant Valley Rd</td>
<td>127 Headquarters Lane</td>
</tr>
<tr>
<td>Annapolis, MD 21401-2397</td>
<td>Flintstone, MD 21530</td>
<td>Grantsville, MD 21536</td>
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<tr>
<td>410-260-8531</td>
<td>301-777-5818</td>
<td>301-895-5759</td>
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<tr>
<td>1-877-620-8367 ext. 8531 (Toll Free in MD)</td>
<td>301-777-2197 (Fax)</td>
<td>301-895-5453 (Fax)</td>
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<tr>
<td>410-260-8595 (Fax)</td>
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