

## **REQUEST FOR REFUND OF LUNCH ACCOUNT FUNDS:**

(One form per household)

Student(s) Name: \_\_\_\_\_

School(s): \_\_\_\_\_

Amount of Refund\*: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_

Check to be sent to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or drop off completed form to:**  
Logansport Community School Corporation  
Attn: Food & Nutrition Services Department  
2829 George Street  
Logansport, IN 46947

\*LCSC Food & Nutrition Services Department will confirm amount.

*Note: Refunds may take up to 4-6 weeks.*