

## **Butte Public Schools**

2801 Grand Avenue \* Butte, Montana 59701
Phone: (406) 533-2590 \* Fax: (406) 533-2599
Food Service \* Warehousing \* Purchasing \* Safety

## **REFUND REQUEST FORM**

		Date:	
Please issue a Re	efund to:		
Parent/Guardian	:	(please print)	
Address:			
	·		
Phone:			
Student Legal Na	me:		
School:			
Amount:	\$sount Balance(s) will be checked in Inf		
Parent/Guard	ian Signature:		

\* Checks will be mailed to the address provided

Mail or bring your request to:

**Butte Public Schools** 

ATTN: Food Service Department

2801 Grand Avenue Butte, MT 59701

If you have any questions, you may call us at 406-533-2590.