

**WEST DEPTFORD TOWNSHIP**

**RESOLUTION 2016-261**

**RESOLUTION OF THE TOWNSHIP OF WEST DEPTFORD AUTHORIZING  
THE REFUND OF VARIOUS FEES FOR RIVERWINDS COMMUNITY CENTER**

**WHEREAS**, the following individual has requested refunds for various fees at RiverWinds Community Center; and

**WHEREAS**, the Manager of RiverWinds Community Center recommends that these fees be waived or refunded to the following individuals;

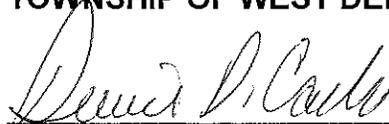
Elizabeth Ciambrano      \$200.00      Senior Non-Resident Membership (Refund)

**NOW, THEREFORE, BE IT RESOLVED** by the Mayor and Township Committee of the Township of West Deptford, County of Gloucester, State of New Jersey, that the above fees be waived or refunded to the appropriate individuals and that the Facility Director is hereby directed to affect the same;

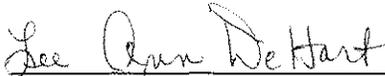
**ADOPTED** at a meeting of the Township Committee of the Township of West Deptford, County of Gloucester held on Wednesday, October 19, 2016.

**TOWNSHIP OF WEST DEPTFORD**

By:

  
\_\_\_\_\_  
DENICE DICARLO, Mayor

ATTEST:



LEE ANN DEHART, Acting Municipal Clerk

ATTENTION: Judy Hulmes, Finance Department



## Resolution Request to Refund Monies / Reverse Charges

We have received a request for the following:

- Activity Refund       Membership Refund       Reversal of Charges  
 Rental Refund       Other: \_\_\_\_\_

Name: Elizabeth Ciambiano

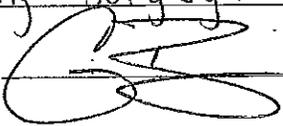
Address: 1 Silver Creek Drive  
Mantua, NJ 08051

Amount: \$ 200.<sup>00</sup>

Refund/Reversal for: Senior Non-Resident Membership

Activity/Membership/Rental Info: same as above

Reason for Cancellation: Provided medical notice - unable to  
attend the Community Center due to shoulder injury  
and upcoming surgery.

Manager's Approval: 

Date: 10/5/16

### Attachments:

- Verification of Payment  
 Written Request for Refund

000941926

←1 ←0

RIVERWINDS COMMUNITY CENTER Clerk: 1JR  
Date: 08/19/2016 Time: 14:38:35

H/H: Elizabeth Ciambiano

F/M: Elizabeth Ciambiano

| Description                           | Ext Price |
|---------------------------------------|-----------|
| -----                                 |           |
| Below Pass Is The Result Of A Renewal |           |
| Pass 28770 - Type A SENIOR            | 200.00    |
| Annual Senior                         |           |
| From 09/18/2016 - 09/17/2017          |           |

NOTE: YTD VISITS: 11.00

F/M: Elizabeth Ciambiano

| Description                           | Ext Price |
|---------------------------------------|-----------|
| -----                                 |           |
| Below Pass Is The Result Of A Renewal |           |
| Pass 36688 - Type GUEST               | 0.00      |
| Free Guest Pass                       |           |
| From 08/19/2016 - 08/19/2017          |           |

Pass Comments:  
 Daily Pass holders must comply with all applicable requirements of law and the rules, regulations and practices of Riverwinds Community Center and West Deptford Township. Daily Pass holder assumes all risk, incidental to participation in any Riverwinds Community Center activities, whether occurring before, during or after direct participation. Daily pass holder agrees to release the community center and its owners, officers, agents or employees and West Deptford Township from liability therefor.

Daily Passes are non-refundable.

NOTE: YTD VISITS: 6.00

NOTE: PUNCH PLAYS REMAINING ==> 5.00

|       |        |             |        |
|-------|--------|-------------|--------|
| Rcpt# | 941926 | Prev Bal:   | 0.00   |
|       |        | New Charges | 200.00 |
|       |        | New Tax:    | 0.00   |
|       |        | Total Due:  | 200.00 |
|       |        | Tot Paid:   | 200.00 |

New Bal: 000941926  
0.00

CHECK Payment of: 200.00  
Ref: 1364

[www.riverwinds.org](http://www.riverwinds.org)

+18

Rcpt# 941926  
+!



Return to Work / School / Gym

To Whom It May Concern:

This is to advise you that Elizabeth Ciabrano, 08/23/1944 has been under my care. She has been suffering from shoulder pain since July 2016 and will have to undergo surgery to repair injuries there. She has thus been unable to use her membership due to pain and undergoing a workup for her injury. Please consider refunding her membership fees due to this unfortunate circumstance.

If you have any questions or concerns, please contact my office at 856-384-0210.

Sincerely,

Jacqueline Riedel DO  
165 Princeton Avenue  
West Deptford, NJ 08096-0210

Phone: 856-384-0210

Kennedy Health Alliance  
Dr. Michael E. Monte Carlo D.O.  
165 Princeton Ave  
West Deptford, NJ 08096  
856-384-0210  
Fax 856-384-0218

**PASS REFUND RECEIPT**

Receipt # **951926**  
 Payment Date: **10/05/16**  
 Household #: **14926**

RIVERWINDS COMMUNITY CENTER  
 1000 Riverwinds Dr  
 Thorofare NJ 08086

Elizabeth Ciabrano  
 1 Silver Creek Dr.  
 Mantua NJ 08051

Hm Ph: (856)468-4676  
 Wk Ph: (856)468-5811

Phone: (856)251-0990  
 www.riverwinds.org

**Pass Details**

**CANCELLATION - Refund Of 200.00**

|                         |  |                   |                 |                  |                 |                   |
|-------------------------|--|-------------------|-----------------|------------------|-----------------|-------------------|
| Pass Holder:            | <b>Elizabeth Ciabrano</b>                    | <u>Fees + Tax</u> | <u>Discount</u> | <u>Prev Paid</u> | <u>Cur Paid</u> | <u>Amount Due</u> |
| Pass Type:              | <b>Annual Senior (ASENIOR), #28770</b>       | 0.00              | 0.00            | 0.00             | 0.00            | 0.00              |
| Valid Dates:            | 09/18/2016 to 09/17/2017 (Pass Cancellation) |                   |                 |                  |                 |                   |
| Cancellation Effective: | 10/05/2016                                   |                   |                 |                  |                 |                   |

Cancel Reason: Provided medical documentation - cannot participate at RWCC. ~CV

| <u>G/L Code</u> | <u>Description</u>             | <u>Account Number</u> | <u>Cst Cntr</u> | <u>Description</u> | <u>Account Number</u> | <u>Amount</u> |
|-----------------|--------------------------------|-----------------------|-----------------|--------------------|-----------------------|---------------|
| 999999          | Credit Balance Control Account | 999999                |                 |                    |                       | 200.00 DR     |

The REVENUE accounts were DEBITED and the CONTROL accounts were CREDITED on the day of the refund.  
 Finance will have to DEBIT the CONTROL accounts for the amounts listed above after the checks have been written to the customer.

Processed on 10/05/16 @ 09:44:08 by 3CV

|   |               |
|---|---------------|
| PREVIOUS NET HOUSEHOLD BALANCE              | 0.00          |
| FEEs CHANGED ON CANCELLED ITEMS (+)         | 200.00-       |
| DISCOUNT APPLIED AGAINST CANCELLED FEES (-) | 0.00          |
| SALES TAX CHARGED ON CANCELLED FEES (+)     | 0.00          |
| <b>NET AMOUNT FROM CANCELLED ITEMS</b>      | <b>200.00</b> |
| <b>TOTAL AMOUNT REFUNDED</b>                | <b>200.00</b> |
| NEW NET HOUSEHOLD BALANCE                   | 0.00          |

Refund of ==> 200.00 Made By ==> JOURNAL-RF With Reference ==>

A refund check for the amount printed above will be mailed to you at the address listed in the top right corner of this form. If you do not receive your refund within 4 weeks please contact our billing dept.

|                      |       |                      |       |
|----------------------|-------|----------------------|-------|
| _____                | _____ | _____                | _____ |
| Authorized Signature | Date  | Authorized Signature | Date  |