

Food Service account refund request form

Thank you for participating in our breakfast and lunch program. We have enjoyed having you as a customer. If you will not be attending Menominee Area Public Schools next year, please complete the lower portion of this form to request a refund of your balance. This form must accompany your request sent to:

Menominee Area Public Schools
c/o Food Service Director
2101 18th St
Menominee MI 49858
-or-
Marquardt@gomaroons.org

To close out your account efficiently we will need this form returned to the food service department by the last day of the school year.

School lunch account refund request

Student name _____ School _____

Home address _____
Street City Zip

Home phone number _____

Print _____
Parent/Guardian first name Parent/Guardian last name

Signature of Parent/Guardian _____

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I have enclosed a self addressed stamped envelope.