



**COTTONWOOD HEIGHTS PARKS & RECREATION SERVICE AREA
REQUEST FOR MEMBERSHIP HOLD**

Holds are for military and medical purposes only

DATE OF REQUEST: ____/____/____ DATE TURNED IN: ____/____/____ CASHIER: _____

Holds can take up to two weeks to process.

NAME: _____

Please print clearly

ADDRESS: _____ CITY: _____

PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

Please print clearly

WHAT EXCEPTION TO THE MEMBERSHIP POLICY ARE YOU REQUESTING?

- PLACING A HOLD ON THE MEMBERSHIP (*MONTHLY MEMBERSHIPS EXCLUDED*)
- EXTENSION OF THE PASS
- OTHER: _____

PLEASE EXPLAIN IN DETAIL THE REASON FOR YOUR REQUEST. PLEASE BE SPECIFIC.

OFFICE USE ONLY

DATE REQUEST WAS REVIEWED: ____/____/____

REQUEST DECISION: APPROVED DENIED

REASON FOR DECISION:

REQUEST REVIEWED AND RULED UPON BY:

NAME: _____ TITLE: _____