

Parking Services: Permit Refund Request

Customer Information:

Name: _____ **Student ID / EMPLID:** _____

Address: _____

Street

City

State

Zip Code

Phone number: _____ **Email:** _____

License Plate: _____

Permit Purchased: Online Over the Counter: CASH/CHECK CREDIT/DEBIT NOVACARD

Last 4 Digits of Credit Card*: _____ (Refunds must be processed to the credit card used to purchase the permit.)

Note: Permits are deactivated while refund requests are under review; Parking without a permit or hourly payment will result in a citation

Customer's Signature: _____ **Date:** _____

For Office Use Only:

Notes: _____

Processed By: _____

Date: _____ **Location:** _____

Approval Signature: _____

..... **Central Office Use Only**

Purchase Date: _____ **Time:** _____

Processed By: _____ **Date:** _____