

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.)**Customer's Signature:** _____ **Date:** _____**For Office Use Only:****Standard Refund** ☐**Exception Refund** ☐**Notes:** _____

Purchase Date: _____ **Purchase Time:** _____**Form Received Date:** _____ **Location:** _____**Reviewed By:** _____ **Date:** _____**Processed By:** _____ **Date:** _____