

PARKING PERMIT REFUND REQUEST

Name: _____

WILDCAT ID #: _____

Phone: _____

Home Address: _____

_____ CITY STATE ZIPCODE

Permit #: _____

License Tag: _____

Account #: _____

HRIS EID #: _____

OFFICE USE ONLY
(Staple Permit Here)

Date Received _____

Misuse Fees \$ _____

Method of Payment

BRS \$ _____

Payroll Deduct \$ _____

Cash/Check \$ _____

Credit Card \$ _____

Refund \$ _____

Credit/Debit Applied _____

Process Date/APO # _____

Check Received _____

Pay Deduct Stopped _____

REASON FOR REFUND REQUEST

_____ Resigned Date _____

_____ Retired Date _____

_____ Permit Not Required

_____ Other, Please Explain _____

Signature _____ **Date** _____

Please fill out this form completely.

Refund proceeds will be used as a credit toward any unpaid misuse fees first.

Refunds will be posted to your student account or your credit card, if applicable.

Any refund due will be processed within 2-4 weeks and mailed to the address on this form.

NO REFUNDS WILL BE PROCESSED FOR LESS THAN \$20.00

OTHER PROCESSING NOTES:

