

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_