



PARKING DEPARTMENT
 249 University Avenue • Room 209•Newark • New Jersey 07102
 (973) 353-1839

Parking Fee Refund Request
 (Please type of print)

Name		Signature	
Address		Date	RU ID #
City	State	Zip	Home Phone Number
			Alternate Number
Permit #	Date Permit Purchased	Permit Type	Permit Cost
		Faculty/Staff <input type="checkbox"/>	\$.
		Student <input type="checkbox"/>	

Explanation for Refund Request

Department Use Only

Date Received: _____	Approved/Denied: _____
Signature: _____	If denied, give reason: _____