

**Parking Permit
Refund Request Form**

(Please Print or Type)

Name: _____ Date: _____ RUID/Employee ID: _____

Address: _____ Phone Number: _____

(City, State and Zip Code) Permit Number: _____

Permit Type: Student
 Faculty Staff

| Explanation of Refund Request |
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CASHIER INITIALS: _____ DATE STAMP: _____

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| For Departmental Use Only: | | | |
| DATE PERMIT PURCHASED: _____ | RECEIVED <input type="checkbox"/> HANGTAG | <input type="checkbox"/> STICKER | |
| <input type="checkbox"/> Security Deposit | <input type="checkbox"/> Entire Permit and Security Deposit | | |
| <input type="checkbox"/> Prorated Permit & Security Deposit | <input type="checkbox"/> Permit fee only | | |
| Refund: <input type="checkbox"/> Check | <input type="checkbox"/> PayServ Acct# | <input type="checkbox"/> Payroll Deduction | |
| Date Received _____ | Approved / Denied | | |
| Signature _____ | Reason Denied | | |