

REQUEST FOR REFUND OF PARKING PERMIT FEES

- Request form must be filled out completely.
- As soon as you submit your refund from, your permit is no longer valid.
- You may provide any additional proof to substantiate your reason for the refund request.

TO BE COMPLETED BY REQUESTOR

Name (Last, First, M.I): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ CSUSM ID# _____ - _____ - _____

I am hereby requesting a refund for Parking Permit # _____ for _____ semester
of _____ (year) for the following reason. (Please print legibly on the lines below)

Reason for Refund: _____

Refunds will take approximately 4 to 6 weeks to process

Signature: _____ Date: _____

----- Office Use only below this line -----

FOR PARKING AND COMMUTER USE ONLY

Date Paid: _____ Amount paid: \$ _____ Refund Due: \$ _____

Account #: _____ Fund: _____ Dept. ID: 1069—Parking and Commuter Services

Program Code: _____ Class Code: _____

Parking Office Approval: _____ Date: _____

Parking Office Approval: _____ Date: _____

FOR ACCOUNTING USE ONLY

Refund Amount: \$ _____ Accounting Office Approval: _____ Date: _____

Routing List:

White Copy— A/P, Yellow Copy- Parking, Pink Copy— Student

Date Stamp