



# REFUND REQUEST FORM

OFFICE USE ONLY  
File# \_\_\_\_\_

PLEASE COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM

### CUSTOMER CONTACT INFORMATION

CUSTOMER NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*CUSTOMER PHONE # \_\_\_\_\_ ALTERNATIVE PHONE # \_\_\_\_\_

*\*You will be contacted if additional information is needed. Please provide the best phone number to reach you at between 8am-5pm.*

### TRANSACTION INFORMATION

DATE OF TRANSACTION: \_\_\_\_\_ TIME: \_\_\_\_\_  A.M.  P.M.

LOT/GARAGE NAME: \_\_\_\_\_ LOT SPACE # \_\_\_\_\_ ON-STREET METER # \_\_\_\_\_

(FIRST 6 DIGITS): \_\_\_\_\_

REFUND REQUESTED: \_\_\_\_\_ TRANSACTION WAS PAID BY:  CASH/CHECK  CREDIT CARD (LAST 4 DIGITS): \_\_\_\_\_

*Refund process may take up to 2 months. If approved, cash payment will be refunded via check or coupon. Credit card payment will be refunded to the same credit card used in the original transaction. Credit card information is not kept on file.*

BRIEF DESCRIPTION OF WHAT HAPPENED: (If more space is needed, please attach a separate sheet)

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

**INSUFFICIENT SUPPORTING DOCUMENTATION MAY RESULT IN DELAY OR DENIAL OF REFUND. PLEASE ATTACH THE FOLLOWING.**

- Original receipt(s) must be mailed if part of refund request
- Copy of bank/credit card statement if applicable
- For Amtrak submit a copy of the Amtrak ticket stub

**This request form may be mailed, faxed or emailed. Please note there is no public counter available at the address below.**

**Mail to:**  
City of Sacramento, Parking Services Division  
300 Richards Blvd., Second Floor  
Sacramento, CA 95811  
**Fax:** (916) 808-5115  
**Email:** PCSR@cityofsacramento.org  
**Customer Service:** (916) 808-5110

PLEASE ENSURE ALL INFORMATION PROVIDED ABOVE IS CORRECT.

OFFICE USE ONLY					
DENIED	APPROVED: \$ _____	REFUND TYPE:	CHECK	CREDIT CARD	COUPON _____
					APPROVED BY: _____
					REVIEW DATE: _____