



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: _____ ON-STREET METER #: _____

LICENSE PLATE NUMBER: _____ REFUND AMOUNT REQUESTED: _____

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.

TRANSACTION WAS PAID BY: CASH/CHECK CREDIT CARD (LAST 4 DIGITS): _____
(FIRST 6 DIGITS): _____

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
- **First 6 AND Last 4 Credit Card Numbers MUST be included in order to process**

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 _____

Account	Op Unit	Fund	DeptID	Prog Code	Class Code
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Account Op Unit Fund DeptID Prog Code Class Code

APPROVED BY: _____
REVIEW DATE: _____