

REQUEST FOR REFUND

(SUBMISSION OF THIS DOCUMENT DOES NOT GUARANTEE REFUND APPROVAL)

Amount: \$ _____ Date: _____ Location: _____

Credit Card Type:

☐ Visa ☐ Master Card ☐ Discover ☐ AMEX

Last 4 digits of the Credit Card: _____

I am requesting a refund for the following reason (please check one of the following):

- ☐ Incorrect Charge on Credit Card ☐ Purchased incorrect ticket ☐ Double Charge
☐ Other

Please include original paperwork (permit/receipt) with request:

Disabled Placard requests must include: Copy of a valid handicap placard and DMV Printout

- ☐ Attached ☐ Not Available

Customer Contact Information: **DISCLAIMER: PLEASE PROVIDE U.S. ADDRESSES ONLY:**

Last First Middle

Address

City State Zip Code

Phone Number E-Mail

FOR OFFICE USE ONLY:

Parking Operations Manager Approval

Operations Manager's Name

Operations Manager's Signature

Account Number

☐ Daily Parking (270205)

☐ Meters (270204)

Pac Reviewer: _____

Date: _____

Mail completed form and original documents to:

UCLA Parking Services (Attn: Luis Lopez), 555 Westwood Plaza, Suite 100, Box 951360, Los Angeles, CA 90095
Phone: (310) 206-1959, Fax: (310) 267-0286, E-Mail: ParkingOperations@ts.ucla.edu