



Parking Permit Refund Request Form **CS-784**

Permit Holder's Name _____

Address _____

City _____ State _____ Zip Code _____

Agency _____ Telephone Number _____ Permit Number _____

Amount of Refund Required _____ From Date _____ To Date _____

Reason for Refund Request (Attach Proof)

Permit Holders Signature _____ Date _____

OGS Parking Management Use Only

Refund Approved Refund Denied

Reason _____

Amount Paid _____ Amount Owed _____ Date Received _____

Amount Per Pay Period _____ Number of Pay Periods _____ Number of Month(s) _____

Authorized Signature _____ Date _____