REFUND REQUEST FORM

NAME _________________________________________________
(Please Print)

ADDRESS 
__________________________________________________________________________
__________________________________________________________________________

If you have any outstanding parking fines, your refund will be applied to your balance due. Any credit remaining will be refunded to you by check.

RUID # ____________________ PERMISSION # ____________________ TICKET # ____________

Overpayment of fines ___________ Overpayment of Permission ___________
Change in permission type ___________ Graduated in December ___________
Withdrawn from Rutgers ___________ Other ___________

Explanation:  ________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

_________________________________________________ / __________________________
Requester's Signature Date

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OFFICE USE ONLY

/ _______________ Hangtag ___________ Sticker _________
Customer Service Representative Date

REFUND AMT. APPROVED: _______________ FINE _______ PERMISSION _______

REFUND AMT. DENIED: _______________ REASON _______________________

APPROVED BY: __________________________________________ DATE _____________