



REFUND REQUEST FORM

OFFICE USE ONLY

File# _____

A COMPLETED FORM MUST INCLUDE SUPPORTING DOCUMENTS
(Fill in all fields as best as possible, that are not OFFICE USE ONLY sections.)

CUSTOMER CONTACT INFORMATION

CUSTOMER NAME: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

*CUSTOMER PHONE # _____ ALTERNATIVE PHONE # _____

**You will be contacted by email OR phone, if additional information is needed. Please provide the best phone number to reach you at Monday through Friday between the hours of 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 PAYMENT METHOD (Select One): CHECK
 PARKING VALIDATION
(City Parking Garage Only)

Refund request may take up to 2 months to process. Approved refunds will be processed in payment method selection. Parking validations issued will be for one-time use at City Parking Garages and are valid for one year.

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

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

INSUFFICIENT SUPPORTING DOCUMENTS MAY RESULT IN DELAY OR DENIAL OF REFUND. SUPPORTING DOCUMENTS MAY INCLUDE:

- All original receipt(s) are required
- Copy of bank/credit card statement of charge or duplicate charges are required
- First 6 AND Last 4 Credit Card Numbers MUST be included in order to process
- Cancellation email OR application of monthly parking
- Reservation barcode number and valid date for use
- Amtrak ticket stub demonstrating departure & arrival times
- Parking payment at other location
- Other documents that will provide support to actual parking usage

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: parkingfiscal@cityofsacramento.org, include subject line: Refund Request
Customer Service: (916) 808-5110

SECURE ATTACHMENTS BY TAPING SMALLER SIZED DOCUMENTS TO A PLAIN SHEET OF PAPER. DO NOT USE STAPLES OR CLIPS.

OFFICE USE ONLY

DENIED APPROVED: \$ _____ REFUND TYPE: CHECK PARKING VALIDATION (City Garage Only) _____

Account	Op Unit	Fund	DeptID	Prog Code	Class Code

APPROVED BY: _____

REVIEW DATE: _____

Account Op Unit Fund DeptID Prog Code Class Code