



# Chicago Parking Meter/ParkChicago - Refund Request Form

### Instructions

1. Complete all sections of this form in its entirety. (Incomplete forms will not be processed)
2. Attach copy of parking receipt (if applicable)
3. Send completed form to:

**Mail:**  
 LAZ Parking Chicago  
**ATTN: Parking Meter Refunds**  
 PO Box 81620  
 Chicago, Illinois 60681

**E-mail:**  
[Refunds@LAZParking.com](mailto:Refunds@LAZParking.com)

STAMP RECEIVED DATE & INITIAL

**ALL FIELDS MUST BE COMPLETED. PLEASE PRINT LEGIBLY.**

### PATRON INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### TRANSACTION INFORMATION

Paybox ID/Zone Number \_\_\_\_\_ Date of Transaction \_\_\_\_\_

Amount of Transaction \_\_\_\_\_ Time of Transaction \_\_\_\_\_

Type of Payment    **Meter - Credit/Debit Card**  **Meter - Coin**  Other \_\_\_\_\_

If you selected either the ParkChicago or "Meter - Credit/Debit" refund option, please fill out the additional applicable sections below.

Patron's Comments \_\_\_\_\_

### CREDIT CARD INFORMATION (THESE FIELDS ARE REQUIRED IF YOU SELECTED "Meter - Credit/Debit Card" ABOVE)

Credit Card Info         | Expiration Date

FIRST 6 DIGITS OF CREDIT CARD LAST 4 DIGITS OF CREDIT CARD Month Year

### PARKCHICAGO ACCOUNT INFORMATION (THESE FIELDS ARE REQUIRED IF YOU SELECTED Account Deactivation

Session Number \_\_\_\_\_ Account Number \_\_\_\_\_

License Plate Number \_\_\_\_\_ Account Phone Number \_\_\_\_\_

### FOR OFFICE USE ONLY BELOW THIS LINE

Refund Research	Date of Research	<input type="text"/>	Date of Decision	<input type="text"/>
Research Conducted By	_____		Approved?	YES NO
CWO Transaction No.	_____		Signature	_____
Refund Type: PC - Courtesy Refund	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Check
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Reference Number _____			
Reason for Decision _____				
Amount of Refund	_____	Location	_____	Zone
	_____		_____	_____

### Accounting - Requests of \$20.00 or More:

Approved Amount \_\_\_\_\_ Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_