# Chicago Parking Meter/ParkChicago - Refund Request Form

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 8210
     - Chicago, Illinois 60680
   - **E-mail:** Refunds@LAZParking.com

## 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**
  - ParkChicago
  - 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**

## PARKCHICAGO ACCOUNT INFORMATION (THESE FIELDS ARE REQUIRED IF YOU SELECTED "ParkChicago")
- Session Number ____________________________ Account Number ____________________________
- License Plate Number ____________________________ Account Phone Number ____________________________

## FOR OFFICE USE ONLY BELOW THIS LINE
- Refund Research ____________________________ Date of Research ____________________________ Date of Decision ____________________________
- Research Conducted By ____________________________ Approved? ____________________________
- CWO Transaction No. ____________________________ Signature ____________________________
- Refund Type: PC - Courtesy Refund: YES NO ____________________________
- Credit Card: YES NO ____________________________ Check: YES NO ____________________________
- Print ____________________________
- Reference Number ____________________________

  - **Reason for Decision**
  - **Amount of Refund**
  - **Location**
  - **Zone**

Accounting - Requests of $20.00 or More:
- Approved Amount ____________________________ Authorized By ____________________________ Date ____________________________
- Comments: ____________________________________________

Version 4.4

Last Updated 12/9/2015

ALL FIELDS MUST BE COMPLETED. PLEASE PRINT LEGIBLY.