



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 8210
 Chicago, Illinois 60680

E-mail:
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	Date of Decision
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"/>	_____	Print _____
Reference Number _____		
Reason for Decision _____		
Amount of Refund _____	Location _____	Zone _____

Accounting - Requests of \$20.00 or More:

Approved Amount _____ Authorized By _____ Date _____

Comments _____