



Chicago Parking Meters / ParkChicago - Refund Request form

FOR OFFICE USE ONLY
STAMP RECEIVED DATE & INITIAL

PLEASE ALLOW 45 DAYS FOR YOUR REQUEST TO BE REVIEWED AND PROCESSED

INSTRUCTIONS

1. Complete all sections which apply to your request.
2. Provide the reason for your request.
3. Send the completed form either via mail or email.

Mail:
 LAZ Parking Chicago
 c/o Parking Meter Refunds
 PO Box 8210
 Chicago, Illinois 60680

E-mail:
 Refunds@LAZParking.com

PARKER INFORMATION

Name _____ Email _____

Address _____

City, State, Zip _____

Reason for Request _____

TRANSACTION INFORMATION

Meter ID or Zone # _____ Transaction Amount _____

Time and Date of Transaction _____

FORM of PAYMENT

- ParkChicago
 At Paybox w/ Credit Card

- At Paybox w/ Coins
 Other: _____

*If you selected **At Paybox w/ Credit Card** as your form of payment, please provide your Credit Card details:*

_____ _____ _____
 First 6 Digits of Credit Card Last 4 Digits of Credit Card Expiration Date (mm/yy)

*If you selected **ParkChicago** as your form of payment, please provide your ParkChicago information:*

_____ _____
 Account Number (User ID) Account Phone Number

_____ _____
 Session Number License Plate Number