



Chicago Parking Meter - Refund Request Form

Instructions

1. Complete all sections of this form in its entirety. (Incomplete forms cannot be processed)
2. Attach copy of parking receipt (if applicable) and proof that payment transacted through your bank account.
****All Credit, Debit, and Bank Account Numbers must be blacked out on supporting documentation****
3. Mail the completed form to:
LAZ Parking Chicago
c/o Parking Meter Refunds
PO Box 8210
Chicago, Illinois 60680

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 Number _____ Date of Transaction _____

Amount of Transaction _____ Time of Transaction _____

Type of Payment CIRCLE ONE Coin Credit/Debit Card Other _____

Type of Credit Card CIRCLE ONE Visa MasterCard American Express Discover

Credit Card Info

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FIRST 5 DIGITS OF CREDIT CARD LAST 4 DIGITS OF CREDIT CARD

Patron's Comments _____

PARKING VIOLATION INFORMATION (IF APPLICABLE)

Violation Number _____ Date of Violation _____

FOR OFFICE USE ONLY

Refund Research	Date of Research	Date of Decision	
Research Conducted By _____		Approved?	YES NO
CWO Transaction No. _____		Signature	_____
Helpdesk Record _____		Print	_____
Corresponding Alarm Type _____			
Reason for Decision _____			

City of Chicago Notification - If Valid Refund is granted and patron received a City of Chicago violation. Include copy of notification.

City Employee Notified _____ Date of Notice _____

Name of Person Notifying City _____ Method of Notification _____

Accounting

Amount of Refund _____ Location _____ Zone _____