Chicago Parking Meter/ParkChicago - Refund Request Form

Instructions

STAMP RECEIVED DATE & INITIAL

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

Fax:
(312)819-0607

E-mail:
Refunds@LAZParking.com

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 (CHECK ONE) 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 ☐☐☐☐☐☐ FIRST 6 DIGITS OF CREDIT CARD ☐☐☐☐ LAST 4 DIGITS OF CREDIT CARD Expiration Date ☐☐ Month ☐☐ Year

PARKCHICAGO ACCOUNT INFORMATION (THESE FIELDS ARE REQUIRED IF YOU SELECTED ParkChicago ABOVE)

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 ☐ Credit Card ☐ Check ☐ 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 4.3 *Last Updated 4/30/2015*