

## Refund Request Information Form

Individuals wishing to request a refund MUST fill out this form.  
If approved, your refund will be processed and mailed to the address you list below.  
Please allow 4-6 weeks for you refund. If mailing please send to: Parking &  
Transportation Services, 511 Washington Av SE #300 Minneapolis, MN 55455 along  
with all original documentation ie; tickets/receipts. You may fax it in at 612-624-8899 or  
you may email to geske015@umn.edu.

### Customer Please Print:

Today's Date: \_\_\_\_\_ Facility you parked in: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason you believe a refund is justified: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PTS Office Use:

Customer Services Desk Signature: \_\_\_\_\_

Attach any receipts and/or tickets or envelopes and give to: Renee Pickerign

#### Manager Review:

**Approved**

**Not Approved**

Parking Exit Time: \_\_\_\_\_

Parking Entrance Time: \_\_\_\_\_

Total Time Parked: \_\_\_\_\_ Calculated Fee: \$ \_\_\_\_\_

Amount of refund/credit approved: \$ \_\_\_\_\_

Reason why refund was not approved: \_\_\_\_\_

\_\_\_\_\_

Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_