

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Parking and Transportation Services

Office: 612-626-7275

Fax: 612-624-8899

E-mail: parking@umn.edu

300 Transportation and Safety Bldg.

511 Washington Avenue S.E.

Minneapolis, MN 55455

www.umn.edu/pts

PARKING AND TRANSPORTATION SERVICES REFUND FORM

Individuals wishing to request a refund MUST fill out this form. Please include any original documentation (e.g., tickets and/or receipts)

- Submit by Mail:
- Submit by Fax: c/o Accounts Receivable
- Submit by Email: parking@umn.edu with REFUND in the subject line

Fees paid by credit card will be refunded to that credit card. Fees paid by cash will be refunded either by check or by parking coupon.

Please Print:

Today's Date: _____ Facility you parked in: _____ Date Parked: _____
Name: _____ (Note: Refunds cannot be
Home Address: _____ mailed to University
City & State: _____ Zip: _____ addresses.)
Phone Number: _____ Email Address: _____

Paid with Credit Card (refund applied to card):

Type of Card (check one)

___ Visa/MC ___ Disc ___ AmEx

Last 4 digits of credit card number:

If multiple cards were used Type of Card (check one):

___ Visa/MC ___ Disc ___ AmEx

Last 4 digits of credit card number:

Reason for Request: _____

Paid with cash

Choose method of refund

___ Check (by mail, arriving in 4-6 weeks)

___ Coupon (by mail, arriving in 1-2 weeks)

*one free day of parking at U of M facilities,
doesn't expire, up to \$12 value

PTS OFFICE USE ONLY

Customer Services Representative: _____

Attach any receipts and/or tickets or envelopes and give to: Accounts Receivable

Parking Ent Time: _____

Total Time Parked: _____

Parking Exit Time: _____

Calculated Fee: _____

AMOUNT APPROVED: \$ _____

IF NOT APPROVED CHECK HERE: _____

Manager Notes: _____

Manager Signature: _____ Date: _____