

# UNIVERSITY OF MINNESOTA

Twin Cities Campus

Parking and Transportation Services

Office: 612-626-7275

Fax: 612-624-8899

E-mail: [parking@umn.edu](mailto:parking@umn.edu)

300 Transportation and Safety Bldg.

511 Washington Avenue S.E.

Minneapolis, MN 55455

[www.umn.edu/pts](http://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](mailto: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 by check.

### **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)

### 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: \_\_\_\_\_