

Parking Services - Cancel/Refund/Replace



OFFICE USE ONLY:

Customer Account No: _____

NON RESERVED PARKING:

Old Access # _____

New Access # _____

RESERVED PARKING:

New Space # _____

BILLING INFORMATION:

Card Fee: Y / N \$ _____

Trans Dep: on file:

Y / N Amount \$ _____

Deactivated Card #: _____

Deactivated by: _____

Date Deactivated: _____

Circle One:

Card / Badge /Transponder

PAYMENT INFO: Circle One:

Check Cash CC *Bill Dept

Check# _____

Date Payment Rec'd _____

Total \$ Rec'd: \$ _____

Receipt # _____

*To bill a department verify an accounting string was provided by the department.

PARKING FORM APPROVAL:

Parking Staff:

Name _____ Date _____

Parking Staff Reviewer:

Name _____ Date _____

Paris Updated? Yes / No

BILLING ACCOUNTING:

Dept. Journal# _____ Date _____

Date paperwork submitted for refund: _____

Please type or print clearly in ink.

Select all that apply:

- Cancel Access Deposit/Mo. Refund Lost/Replace Access Switch Garages
 Cancel Payroll Deductions

Structure: CAC 12th RC City DA Indio Indio Law Pub Def.

Complete this section and applicable section below.

Name/Department: _____
First & Last Name/ Co. Depart Name (use when original access was issued to a department).

Home Address: _____
Street City State Zip

Contact Information: _____
Cell Phone Work Number

Email: _____

County Employee ID Number: _____ Department: _____

CANCEL/REFUND INFORMATION - Complete this section to cancel parking services.

Name/Department: _____
First & Last Name/ Co. Depart Name (use when original access was issued to a department).

Department Accounting String: _____

Check all that apply:

- Access Card Transponder Permit Fleet Placard Reserved Space Payroll Deductions

Access Card #: _____ Transponder # _____ Date of Cancellation: _____

CARD DEPOSIT & MONTHLY REFUND REQUEST:

Card Deposit* - \$10.00 / Transponder - \$40.00 \$ _____

Monthly Payment – # of months: _____ @ \$ _____ a month \$ _____

Total Refund: \$ _____

Parker/Department Signature: _____ Date: _____

Parking Authorization Signature: _____ Date: _____

*A card deposit refund of \$10.00 may apply if paid prior to January 1st, 2015.

REPLACEMENT INFORMATION - Complete to replace your existing device.

Parker/Department Name: _____
Parker First & Last Name or County Department Name (if access was issued to a Department).

Department Accounting String: _____

Reason for Replacement: Lost Switch Garages Other _____

Replacement for: Access Card (A replacement fee of \$10.00 is applicable for access cards).
 Transponders are not replaceable.

Parker/Department Signature: _____ Date: _____