

# 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    12<sup>th</sup>    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 1<sup>st</sup>, 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: \_\_\_\_\_