



HOURLY PARKING REFUND/CREDIT FORM

Scan and email form to : ParkDurham@durhamnc.gov
or mail or bring to our offices at:
105 W. Morgan Street, Suite 104, Durham NC 27701

DATE:	_____	LOCATION:	_____
LAST NAME	_____	FIRST NAME:	_____ MI: _____
ADDRESS:	_____		
CITY	_____	STATE	_____ ZIP _____
EMAIL ADDRESS:	_____		
PERMIT/TAG NO.:	_____	<i>(Please attach hourly parking ticket to form.)</i>	
REFUND AMOUNT:	\$ _____	CREDIT AMOUNT:	\$ _____

REASON FOR REFUND/CREDIT:

CUSTOMER SIGNATURE _____ DATE _____

<i>Office Staff Use Only</i>			
PROCESS DATE:	_____	PROCESSED BY:	_____
REFUND AUTHORIZED	_____	AMOUNT OF REFUND	\$ _____
CREDIT AUTHORIZED	_____	CREDIT REASONING	_____
AUTHORIZED STAFF SIGNATURE	_____	TITLE	_____
DATE	_____	DATE CUSTOMER NOTIFIED	_____