THE CITY OF SUMMIT

PARKING SERVICES AGENCY   512 SPRINGFIELD AVENUE
SUMMIT, NJ 07901   908-522-5100

PARKING REFUND FORM

SEND REFUND TO: DATE:_____

    Name: _____

    Address: _____

    City, State, Zip: _____

    Daytime Phone: _____

Card No. or Permit No	Problem	Amount (left on SmartCard or balance of pre-payment)

CLAIMANT'S CERTIFICATE:

    I do solemnly declare and certify, under the penalties of the law, that based on what
I believe had already been deducted, the above amount of refund is correct to the
best of my knowledge and that the amount therein stated is justly due and owed.

Signed:_____   Date:_____

Actual SmartCard Amount	
Card No.	**Actual Balance**
_____	_____
_____	_____
_____	_____

Date Read: _____   By: _____

Parking Service's Agency - Internal Use Only

Actual Refund: _____   Date Processed: _____

By: _____   C.M. Date: _____