

Chicago Parking Meters / ParkChicago - Refund Request form

FOR OFFICE USE ONLY

STAMP RECEIVED DATE & INITIAL

PLEASE ALLOW 21 DAYS FOR YOUR REQUEST TO BE REVIEWED AND PROCESSED

INSTRUCTIONS

- 1. Complete all sections which apply to your request.
- 2. Provide the reason for your request.
- 3. Send the completed form either via mail or email.

Mail:

LAZ Parking Chicago c/o Parking Meter Refunds PO Box 8210

Chicago, Illinois 60680

E-mail:

Refunds@LAZParking.com

lame			
Address			
City, State, Zip			
mail Address			
eason for Request			
ANSACTION INFORMATION			
Лeter ID or Zone number:			
ransaction amount:			
me and Date of Transaction:			
rm of payment			
ParkChicago	At Paybox w/ Coins		
At Paybox w/ Credit Card	Other:		
At raybox w/ credit card	Other		
edit Card Information – Please only fill out this	s section if you selected At Paybox w/	Credit Card as your form	
vment			
First 6 Digits of Credit Card	Last 4 Digits of Credit Card	Expiration Date	
-	-	(mm/yy)	
rkChicago Information – Please only fill out th	is section if you selected ParkChicago	as your form of payment	
Account Number (User ID)	Account Ph	Account Phone Number	
Account Number (Oser ID)	Account Fi	ione number	
Session Number	License Pl	License Plate Number	