



UBC Parking Cancellation/Refund Application

| | | | |
|---------|-------------------------|--------------|---------------|
| Student | | | |
| Staff | Last Name | First Name | Permit Number |
| Other | Student/Employee Number | Phone Number | |

- Reason for Permit Return
- Stop UBC Payroll Deduction
 - Refund Permit
 - Refund Permit Deposit Only
 - Stop Hospital/AMS Payroll Deduction

Complete Below for Refund by Cheque ONLY

Signature

| | |
|-----------------|----------------|
| Street Address | |
| City | Province/State |
| Postal/Zip Code | Country |

Office Use Only

| | |
|--|---------------------------------|
| Permit Amount (\$) | Refund/Stop PDP Date |
| PST | |
| GST | |
| Deposit | Circle Appropriate Account Code |
| Less Daily Fee | Student 465115 |
| Less Citations | Deposit 242000 |
| | F/S or Interim 465110 |
| Total Refund (\$) | Citations 465140 |
| Refund to: | |
| <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMX <input type="checkbox"/> DB <input type="checkbox"/> CK <input type="checkbox"/> JV <input type="checkbox"/> JV # | |
| | Receipt # |