



Parking Refund Form

Plate Number: Date of Purchase: _____

Parking Site: (Check One):

- 150 Eglinton Ave East
- 90 Eglinton Ave West
- 160 Eglinton Ave East
- 90 Eglinton Ave East
- 114 Church Street
- 101 Eglinton Ave East
- 400 East Mall
- 21 Mercer Street

SECTION A: Contact/Registrant Information

Name: _____
Last *First* *M.I.*

Address: _____
Number and Street *City* *Province* *Postal Code*

Email: _____ Tel No.: _____

SECTION B: Payment Information

Paid By (Check One):

- Credit (Confirmation or Receipt #: _____)
- Cash: _____

SECTION C: Refund Request Information

I am requesting a refund because:

1. I paid multiple times because the receipt did not dispense
2. I entered the wrong license plate number
3. Other (Please explain. Example: I paid more than the amount due; etc.)

SECTION D: Certification

I hereby affirm that I am entitled to a refund in the amount of \$ _____ for the reason(s) claimed above. The attached documents, if any, submitted in support of my claim are unaltered.

Signature: _____ Date: _____