



UNIVERSITY OF WYOMING

Transportation Services

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Office: 1602 Spring Creek Drive

Phone (307) 766-9800 • Fax (307) 766-7845 • Email: tps@uwyo.edu • website: www.uwyo.edu/tps

PARKING PERMIT REFUND REQUEST FORM

Full Name: _____ **Email Address:** _____

Telephone Number: _____ **W Number:** _____

Mailing Address: _____

Permit Number: _____

Reason for Refund: _____

Signature: I certify that the information on this document is correct, and I understand any outstanding balance owed to the University of Wyoming may be applied first to the refund amount.

Date

TRANSPORTATION SERVICES USE ONLY:

Permit Return Date: _____ **Semester or Annual Permit:** _____

Permit Purchase Amount: _____ **Payment Method:** **In-office** **Online**

Transaction Date: _____ **Receipt Number:** _____

Amount due in Outstanding Citations: _____ **Additional Comments:** _____

Department Approval: _____ **Refund Amount:** _____

Date Refund Issued: _____ **Refund Method:** _____

 Returned in T2

 Paid out in T2