



One Parking 1001, Inc.  
1001 Pennsylvania Avenue  
Washington, DC 20004



## MONTHLY ACCOUNT REFUND REQUEST FOR DAILY PARKING TICKET CHARGE

A: Original receipt must be provided

B: Refund request must be submitted within thirty (30) days of initial payment

C: One form for each refund request

REFUND REQUEST AMOUNT (if known): \$ \_\_\_\_\_

REASON FOR REFUND REQUEST: \_\_\_\_\_

Customer Signature

Date Requested

### PLEASE MAIL REFUND TO:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

KEY CARD NUMBER: \_\_\_\_\_

PARKING COORDINATOR SIGNATURE: (if applicable):

PRINT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\* All requests submitted for group account members must be submitted with the signature of parking coordinator. Failure to provide coordinator signature will result in denial of this request.

FOR ONE PARKING OFFICE ONLY:		
APPROVED	DENIED	Refund approved by: _____
<input type="checkbox"/>	<input type="checkbox"/>	Date of approval: _____