

## Permit Refund Request Form

**Annual Permits:** A full refund will be issued to anyone who returns their permit to Campus Parking Services within 1 month of the purchase date. An 80% refund will be issued to anyone who returns their permit to Campus Parking Services within 2 months of the purchase date. A 60% refund will be issued to anyone who returns their permit to Campus Parking Services within 3 months of the purchase date. A 40% refund will be issued to anyone who returns their permit to Campus Parking Services within 4 months of the purchase date. A 20% refund will be issued to anyone who returns their permit to Campus Parking Services within 5 months of the purchase date. There will be no refunds issued on permits returned past 5 months of the purchase date.

**Fall or Spring Permits:** A full refund will be issued to anyone who returns their permit to Campus Parking Services within 1 month of the purchase date. An 50% refund will be issued to anyone who returns their permit to Campus Parking Services within 2 months of the purchase date. A 30% refund will be issued to anyone who returns their permit to Campus Parking Services within 3 months of the purchase date. There will be no refunds issued on permits returned past 3 months of the purchase date.

**Summer Permits:** A full refund will be issued to students who return their permit to Campus Parking Services within 7 days of the beginning of the summer semester. There will be no refunds for permits returned after 7 days from the starting date of the summer semester.

### TO BE COMPLETED BY THE CUSTOMER

**Name:** \_\_\_\_\_ **Z ID/Employee ID #:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Reason For Return:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Returned:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Signature:** \_\_\_\_\_

**Summer Session Began On:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (If Applicable)

### FOR OFFICE USE ONLY

**Permit Number:** \_\_\_\_\_ **Purchase Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Expiration Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Clerk's Initials:** \_\_\_\_\_

**Supervisor's Initials:** \_\_\_\_\_ **Refund Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Refund Initiated? If Yes, How?** \_\_\_\_\_

\_\_\_\_\_

**Return Completed Form and Permit to:**

NIU Campus Parking Services  
121 Normal Road  
DeKalb IL 60115