



Parking Fee Refund Request - Fall 2019



This request must be submitted by September 11, 2019

Printed Name: _____ UID: _____

Cell: _____ Email Address: _____

Please select a reason for refund request:

If you chose option 2, please carefully review and initial your understanding and acceptance of each assertion:

I understand that this request is my commitment not to have a vehicle in any Tarleton lots.

I understand that Tarleton's University Police Department uses License Plate data to identify vehicle occupants.

I understand that if it is found that I have a vehicle parked in any Tarleton lot, I will be charged for the appropriate permit based on my residential status in addition to any citations I receive.

Signature: _____ Date: _____

Once completed and signed, email to parkingpermits@tarleton.edu.

For Business Office Use Only

Processed By: _____ Date Processed: _____