University of Oregon
Parking and Transportation
Parking Permit Cancellation Request

Name: _____ **UO ID # :** _____

Status: ☐ Faculty/Staff ☐ Student ☐ Other: _____

Home Phone: (____) _____ **Cell Phone:** (____) _____

Mailing Address: _____
STREET APT. #

_____
CITY STATE ZIPCODE

Permit #: _____ **Expiration Decal #:** _____

In accordance with the **University of Oregon Parking Rules and Regulations**, I hereby request a cancellation for the following reason(s):

_____

_____

Signature: _____ ***Date:*** _____

Refunds are dispersed according to the refund schedule in the University's fee book (OAR 571-60-005) as amended. Long-term permits must be returned to the Department of Parking and Transportation in order for cancellation process to occur. Any refund or stop-payment will be initiated with the return of said permit.

ATTACH PERMIT HERE

FOR OFFICE USE ONLY

Original Purchase Date: _____
Original Purchase Price: _____
Original Payment Method _____
Cancel Effect Date: _____
Update TTK: _____
DPT Authorization: _____

Refund Allowance: _____
Process Required if Applicable: _____
_____
Reserve Space Y/N Lot: _____ **Space:** _____
Billing Adjustment Requested: _____
Permit Inventory Update: _____