



# UC San Diego Policy & Procedure Manual

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## PARKING SERVICES

### Section: 545-2 EXHIBIT D

Effective: 07/01/1991

Supersedes: 07/01/1987

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### EXHIBIT D

UNIVERSITY OF CALIFORNIA, SAN DIEGO CANCELLATION/REFUND FORM		PERMIT RETURNED <input type="checkbox"/> YES <input type="checkbox"/> NO	
		PERMIT NO: _____	
PARKING LOCATION <input type="checkbox"/> CAMPUS/SIO <input type="checkbox"/> MEDICAL CENTER			
TYPE OF CANCELLATION: <input type="checkbox"/> CANCEL PERMIT <input type="checkbox"/> CANCEL DEDUCTION <input type="checkbox"/> REFUND DEDUCTION <input type="checkbox"/> REFUND ONLY			
NAME: _____			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
MAILING ADDRESS: _____			
STREET	CITY	STATE	ZIP CODE
REASON FOR REQUEST: _____			
_____			
<input type="checkbox"/> I REQUEST CANCELLATION OF MY MONTHLY DEDUCTION FOR PAYMENT OF PARKING PRIVILEGES.			
I certify that all valid parking permits issued in my name have been returned to the UCSD Parking & Transportation Services Office.			
SIGNATURE: _____ EMPLOYEE NO: _____ DATE: _____			
_____			
FOR OFFICE USE ONLY			
AUTHORIZED BY: _____ REFUND DUE: \$ _____ DATE: _____			
CANCELLATION OF DEDUCTIONS TO BE EFFECTIVE: _____ /19 _____			
DATE CANCELLED: _____ APPLICATION PULLED: _____ LOGGED: _____			
F-5 TYPED: _____ AMT REQUESTED: _____ F-5 REQUEST MAILED: _____			