



# Parking Permit/Visitor Voucher Refund Form

My permit number for refund is:	
IZX	<input type="text"/>
ISX	<input type="text"/>

Please complete this form in block capitals. For lost or stolen permits and vouchers a police incident number or a crime reference number must be completed. Post the completed form to PO Box 34750, London N7 9WF or email it to: parkingpermits@islington.gov.uk. Refund for full remaining months on permits and full voucher books will be made back to the debit or credit card that was used to pay for the permits or vouchers. Where this is not possible, payment by cheque will be made. An administration fee of £29.15 may be charged for all refunds except for a 'Change of Vehicle' or 'Visitor Voucher' refunds. Applications may be delayed or rejected if all the required information is not provided. After a completed refund application is received, it can take up to 28 days to process it.

I do not require my parking permit/visitor vouchers  vehicle changed  permit lost/stolen  (tick as appropriate)

Name	<input type="text"/>	Vehicle registration number for refund	<input type="text"/>
Telephone:	<input type="text"/>	Email address:	<input type="text"/>

Address to send your cheque:

Refund for a stolen permit will be made if the crime report number, the name of the Police Officer and the name and address of the Police Station where reported can be stated as below:

Crime report number	<input type="text"/>	Police Officer's name:	<input type="text"/>
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Name of Police Station:

Address of Police Station:

Do you have any outstanding parking tickets? Yes  No

**A refund may be withheld if it is discovered that you owe money to another council service.**

**Please tick as appropriate:**

Permit type:	Resident <input type="checkbox"/>	Business <input type="checkbox"/>	Other <input type="text"/>
	1 month <input type="checkbox"/>	3 months <input type="checkbox"/>	6 months <input type="checkbox"/> 12 months <input type="checkbox"/>

The information I have given on this form is true.

Signature of applicant:	<input type="text"/>	Date:	<input type="text"/>
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Received by: Signature:	<input type="text"/>	Date:	<input type="text"/>
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Print name:

Position: