



Parking Ticket Fine Overpayment Refund Request

To request a refund, please print, complete, sign and mail/fax/email this form.

Required Information:

Name (Please Print): _____

Mailing Address: _____

Telephone Number(s): _____

Email: _____

LICENSE PLATE AND STATE: _____

If Available:

OVERPAID PARKING TICKET FINE NUMBER(S):

I certify that I made the payments and am entitled to a refund for the overpayments on the parking ticket fine/vehicle license plate listed above.

Signature: _____

If we verify an overpayment exists, staff may contact you for proof of payment such as a copy of the front and back of cancelled check/money order, copy of credit card statement, or copy of receipt for payment.

Please mail this form to:

City of Urbana
Finance Department
400 S. Vine Street
Urbana, IL 61801

Fax to: (217) 384-2370

Email to: esbeaty@urbanaininois.us

FOR INTERNAL USE ONLY

Refund Amount Issued: _____ Date: _____