



## **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

**For email—Please call (217) 384-2346 and an email address will be given.**

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### **FOR INTERNAL USE ONLY**

Refund Amount Issued: \_\_\_\_\_ Date: \_\_\_\_\_