

Parking Permit Refund Application



H&F Direct, Pay and Park, PO Box 60820, London W6 9UZ

Phone: 0845 803 1020 / Fax: 020 8753 4912 / Web: www.lbhf.gov.uk / Email: parkingpermits@lbhf.gov.uk

Please fill in this form in **BLOCK** capitals.

SECTION 1: Your details

Surname	<input type="text"/>	Title	<input type="text"/>
Forenames in full	<input type="text"/>		
Address	<input type="text"/>		
e-mail	<input type="text"/>	Postcode	<input type="text"/>
Phone (Day)	<input type="text"/>	Mobile	<input type="text"/>

SECTION 2: Alternate Refund Address

If you want us to send the refund to an address or person different to that above, please say so here

Name of recipient:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>

SECTION 3: Reason for refund

Reason you are requesting a refund:

1. You must return your permit with this form
2. We provide refunds for full calendar months only
3. We will calculate the refund based on the price that you paid for the permit and the number of full calendar months remaining

SECTION 4: Please sign your application

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Office use only	Permit Number			
Officer	Proof Method	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Date of Issue				