

Permit Cancellation/Replacement Request

Last/Family Name _____ First/Given Name _____

UO ID # _____ Home/Cell # _____

Home Address _____ Apt _____

City _____ State _____ Zip Code _____

Permit #: _____ Exp. Decal #: _____

Request: ☐ Cancel Permit

☐ Replace Lost Permit

☐ Cancel Bike Locker

☐ Replace Stolen Permit/Police Report # _____

Explanation for Request:

Signature: _____ Date: _____

I attest that the permit listed above is no longer in my possession and has not knowingly been transferred to another person for use. I understand that refunds are dispersed according to the refund schedule in the University's fee book as amended and that a permit or key must be returned to Department of Parking and Transportation in order for the cancellation process to occur. Any refund or stop-payment will be initiated with the return of said permit.

ATTACH PERMIT/KEY HERE

FOR OFFICE USE ONLY

Original Purchase Date: _____

Original Purchase Price: _____

Original Payment Method: _____

Cancel Effect Date: _____

Refund Allowance: _____

Reserve Space Y/N Lot: _____ Space: _____

Replacement Permit #: _____ Exp. Decal #: _____

DPT Authorization: _____

☐ Update TTK

☐ Billing Adjustment Requested

☐ Permit Inventory Update

Bike Locker Location: _____

Bike Locker Key #: _____

☐ Master Spreadsheet/Key Inventory Updated