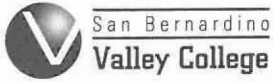


*** Parking permit must be attached to the refund request**



San Bernardino Valley College
San Bernardino Community College District Police
PARKING FEE REFUND REQUEST FORM



Date _____ / _____ / _____ (Month, Day, Year) _____ (Social Security No.) _____ (I.D. Number) _____ (Phone Number)

Print Name _____ (Last) _____ (First) _____ (Initial)

Mailing Address _____ (Number, Street)
_____ (City, State & Zip Code)

REFUND REQUEST FOR: Annual Fall Spring Summer Citation # _____ \$ _____ (Amount)
(Check Appropriate Box)

Reason for Refund Request (Be Specific) _____

Office Comments: _____ Returned # _____ Never Received

(Student Signature) Approved: _____ (Supervisor Signature) Date: _____

Print Name: _____

- District Office Use Only -

Parking Permit 01-00-01-0000-0304-8881.00-0000 \$ _____
Others _____ \$ _____
GRAND TOTAL \$ _____