

# Parking Permit Cancellation Form

Click fields to enter information online, then print and sign this form.



1995 University Ave.  
Suite 110, First Floor  
Berkeley, CA 94704  
Tel: (510) 643-7701  
<http://pt.berkeley.edu>

Cancellation forms must be submitted in person along with the permit. Faxed or mailed forms will not be accepted.

OFFICE USE ONLY

DATE \_\_\_\_\_

CANCELLATION FORM MONTH OF \_\_\_\_\_

REFUND AMOUNT \$ \_\_\_\_\_

REFUND BY CHECK  
 REFUND BY PAYROLL  
 REFUND BY CREDIT CARD

AUTHORIZING SIGNATURE : \_\_\_\_\_

## PERSONAL/DEPARTMENTAL INFORMATION

Name     
Last First MI  
 (campus affiliation) Student ID: \_\_\_\_\_ UC Employee ID: \_\_\_\_\_

Payroll Title

Campus Dept (staff only)  Phone Ext.

Campus Address (staff only)    
Street City State ZIP Code  
 Mail Code

Home Address      
Street City State ZIP Code

Home Phone

E-mail Address

Permit Number  Payroll Deduction (circle one) Y N

Signature

WF 060061 1206

OFFICE USE ONLY

### Cancellation of Payroll Deduction

Cancellation of \_\_\_\_\_ Deductions Effective With Payroll For \_\_\_\_\_ Earning

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

I	3 4	Employee I.D. Number	Effective Date			Deduction Element No.	Bal CD	Amount
			Mo	Day	Year			
		12	13		18	19 22	23 24	30
						088 400 407 409 806	G	