## Parking Permit Refund Application



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

Phone: 020 8753 6681 / Fax: 020 8753 4912 / Web: www.lbhf.gov.uk / Email: parkingpermits@lbhf.gov.uk

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

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SECTION 1: Your details	
Surname	Title
Forenames in full	
Address	
email	Postcode
Phone (day)	Mobile
Vehicle registration number	Permit no.
SECTION 2: Alternate refund Address	
If you want us to send the refund to an address or p	erson different to that above, please say so here
Name of recipient:	
Address:	
Postcode:	
Signature:	Date:
SECTION 3: Reason for refund	
Reason you are requesting a refund. If your vehicle or permit has been stolen, please provide the crime reference number:	
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 th calendar months remaining, rounding the amoun	·
-	orking days of the date that we receive your application
SECTION 4: Please sign your application	
Serion 4. Flease sign your application	
Signature:	Date:
Office use only	
Officer	CHQ number
Date of receipt	Date issued