

PLEASE NOTE: ALL REFUNDS ARE SUBJECT TO THE TOWN
COMPTROLLER'S APPROVAL

NON-RESIDENT PARKING REFUND

Please let it be known that I, _____, wish to
surrender my Town of New Castle parking registration and would like a
refund for the quarters remaining in the current parking year.

This should become effective as of ____/____/____. Please note that I am
attaching a copy of my driver's license to verify my identification.

I would like the refund to be sent to the following address:

Sincerely,

SIGNATURE REQUIRED

PLEASE PRINT NAME

Timeline for Parking Refunds

<u>If permit is surrendered:</u>	<u>Refund due:</u>
On or before September 15, 2018 --	\$975.00
On or before December 15, 2018 --	\$650.00
On or before March 15, 2019 --	\$325.00

FOR OFFICE USE ONLY

Date Received: _____

Parking Registration # _____