

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

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> |
|---|---------------------------|
| <u>1st Permit in household</u> | |
| On or before June 15, 2019 -- | \$500.00 |
| On or before September 15, 2019 -- | \$375.00 |
| On or before December 15, 2019 -- | \$250.00 |
| On or before March 15, 2020 -- | \$125.00 |
| <u>2nd Permit in household</u> | |
| On or before June 15, 2019 -- | \$750.00 |
| On or before September 15, 2019-- | \$562.50 |
| On or before December 15, 2019 -- | \$375.00 |
| On or before March 15, 2020 -- | \$187.50 |

FOR OFFICE USE ONLY

Date Received: _____

Parking Registration # _____