



# PHILADELPHIA PARKING AUTHORITY

## Red Light Camera Safety Program

2467 Grant Avenue, Philadelphia, PA 19114, (866) 294-4500

Please complete this form and return it to the address listed above with all applicable documentation. Keep copies of all documents for your records.

**I REQUEST A REFUND AS A RESULT OF THE FOLLOWING:** *[Check appropriate boxes]*

- DUPLICATE AND/OR OVERPAYMENT OF NOTICE OF VIOLATION**
  - A. Front and Back of cancelled check or money order, and/or
  - B. Receipt
- OVERPAYMENT OF THE NOTICE OF VIOLATION AS A RESULT OF A HEARING**
  - A. Hearing Notice of Disposition
  - B. Front and Back of cancelled check or money order, and/or
  - C. Receipt
- PAID FOR THE RED LIGHT VIOLATION IN ERROR**
  - A. Front and Back of cancelled check or money order, and/or
  - B. Receipt
- I am unable to provide all the documentation requested. I understand that the lack of documentation may add to the time required to process my claim.

Note: Cancelled money orders may be obtained from place of purchase

<b>AFFIRMATION</b>	
I hereby affirm that I am entitled to a refund in the amount of \$_____ for the reason(s) claimed above and that the documents that I submitted are unaltered.	
_____	_____
<b>Date</b>	<b>Signature</b>

Note: Unsigned request forms or lack of sufficient documentation may require resubmission and delay your refund.

**MAIL REFUND TO:** *[Please print clearly]*

<b>Name</b>	<b>Notice #</b>	<b>Plate # / State</b>
<b>Street Address</b>	<b>City and State</b>	<b>Zip Code</b>

<b>If the refund check is to be mailed to someone other than that of the registered owner, the registered owner's signature is required below:</b>	
_____	_____
<b>Date</b>	<b>Signature</b>