

# APPLICATION FOR A REFUND

Please complete and submit this form together with any evidence to the address or email address at the bottom of this form. An application for a refund does NOT guarantee a refund (full or part) will be successful.

## **YOUR DETAILS**

Date of request: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

## **REQUEST DETAILS**

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Car Park Location: \_\_\_\_\_

Machine Number (if known): \_\_\_\_\_

Your Vehicle Registration Number (if applicable): \_\_\_\_\_

Full details of incident (continue on separate page if required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

