



Borough of Chatham

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Chatham, New Jersey 07928

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Parking Refund Request

(PLEASE PRINT)

Mail Refund to:

Name _____

Address _____

City _____

State _____ Zip Code _____

Refund For:

Permit #: _____

Smart Card #: _____

Other: _____

Signature _____ Date _____

(Required to receive a refund)

FOR OFFICE USE ONLY

Received By _____ Date Received _____

(Print Name)

Received By _____

(Signature)

Accepted Documents

FOR OFFICE USE ONLY

(Check all that apply)

- NJ Driver's License
- NJ Vehicle Registration **(Required)**
- Vehicle Insurance Card **(Required)**
- Utility Bill (Electric, Gas, Telephone, Water or Cable) **(Required)**

Amount Paid _____

Cash

Check # _____

Received By _____

Parking Official
(Signature) _____

Date _____ Approved Denied

Chief of Police/Designee
(Signature) _____

Date _____ Approved Denied