



Citation Accounting Referral

Please complete the form below, as well as the Refund Request Form on the back of this page, and attach proof of payment

Date _____ Clerk ID _____
Name _____ Plate Number _____ Owner? Y N
Phone Number _____ Email _____
Address _____

Payment Method: Lockbox CSC Online/Phone Confirmation#

Refund Request (advise customer to complete Refund Request Form and attach Proof of Payment)

Payment Transfer (please verify said citation record reflects overpayments or credit in system)

\$ _____ from Citation # _____ to Citation # _____
\$ _____ from Citation # _____ to Citation # _____
\$ _____ from Citation # _____ to Citation # _____
\$ _____ from Citation # _____ to Citation # _____

Payment Research (obtain Proof of Payment - e.g. proof that check was cashed - if no payment record found in citation system)

Citation # _____ \$ _____ Citation # _____ \$ _____
Citation # _____ \$ _____ Citation # _____ \$ _____

Details: _____

Documents reviewed from customer _____

Other Purpose _____

Supporting Documents Attached? Yes No

Describe _____



SFMTA – Parking Citation Division

Refund Request Form

Please send this fully completed form along with one proof of payment* to:

SFMTA – Revenue Accounting
Attn: Citations Refund
11 South Van Ness Avenue
San Francisco, CA 94103

Citation(s) _____

Vehicle License Plate _____ Vehicle Registered Owner _____

Vehicle Registered Address _____

Claimant Name (If different than registered owner) _____

Phone _____ Email _____

Check mail to address (if different than Registration address) _____

Check payable to (if different from vehicle owner) _____

I declare under penalty of perjury that I am entitled to the above-requested refund and agree that I will immediately refund SFMTA on demand should it be later found that I am NOT entitled to refund(s) I received.

Claimant Signature

Date

*Acceptable Proofs of Payment include: a copy of bank cleared check, or money order (include front & back), or credit card payment receipt, or cash register receipt, or internet payment confirmation, or telephone payment confirmation number, or bank auto-pay confirmation and relevant bank account statement, or copy of DMV payment receipt clearly identifies the specific citation number.

Please note - any refund request with incomplete information or without attaching one of the Proof of Payment will not be processed.

FOR OFFICE USE ONLY

Acknowledged by SFMTA Manager – Name: _____ Unit _____

Date _____ Phone Ext _____ Signature _____