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MONTHLY ACCOUNT REFUND REQUEST

REFUND SUBMISSION DATE: _____

TYPE OF REFUND: (PLEASE CHECK ONE)

- DAILY PARKING TICKET CHARGE**
 - (A) Original receipt must be attached
 - (B) Daily refund is limited to one per three month period
 - (C) Refund will be issued for up to 3 consecutive days' charged only
- KEYCARD/ TRANSPONDER DEPOSIT**
 - (A) Keycard / Transponder must be attached
 - (B) Receipt or cancelled check may be required
- MONTHLY PARKING FEE**
 - (A) Parking permit must be attached, returned by the 5th of the current month, and no parking may be utilized during refund request month.
- OTHER** _____

REFUND REQUEST AMOUNT (if known): \$ _____

REASON FOR REFUND REQUEST: (if additional space is required, please use reverse side of form)

PLEASE MAIL THE REFUND TO:

FULL NAME:

ADDRESS:

ACCOUNT NUMBER (if group account permit/ sticker number is required):

KEY CARD NUMBER (if applicable):

***ACCOUNT CONTACT'S SIGNATURE** (if applicable):

Sign:

Print:

Contact # (for verification only):

***All requests submitted for group account members must be submitted with the signature of the group account's representative/ contact. Failure to provide the representative/ contact's signature will result in the denial of this request.**

FOR COLONIAL OFFICE USE ONLY

Refund request: Denied Accepted

Refund authorized by: _____

Date check sent: _____

Check Number: _____

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