City of Oakland

Parking Citation Assistance Center



250 Frank H. Ogawa Plaza, Suite 6300, Oakland, CA 94612

Refund Request Form

Refunds are only provided when there is an overpayment on the license plate and there are no other open citations. If you feel you are due a refund, please fill out this form completely and legibly and provide proof(s) of payment. Acceptable proofs of payment are:

Cash payment: A copy of your cash receipt

Contact Information

Check payment: A copy of the front and back of your cancelled check

Credit/Debit card payment: A copy of the card statement showing the posted transaction

DMV payment: A copy of the DMV receipt and itemized payment statement

FTB (Tax refund) seizure: A copy of the FTB Notice of Intercepted Funds

Name:		Phone #:	
Address:			
City:			
Email:			
Citation Information			
Citation #	Amount		Remarks
	2		
Signature:			ate:
You may submit your refund ror by fax to (510) 986-2699. P	equest and supporting dod lease allow 4 to 6 weeks ovided on this form. If you l status of your request.	cuments by mail for processing nave not receive	or in person to the address shown above . If a refund is due you will receive a check d a check after 6 weeks please call
FOR OFFICE USE ONLY			
Reviewed by:	Date:	E	igible for refund? Y N
Amount of refund:	Notes:		

Refund Request Form 8/21/13 JA