



# Jackson Hole Airport Parking Refund

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

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

Telephone: \_\_\_\_\_

Date Parking was Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Last Four (4) Digits on Credit Card Used: \_\_\_\_\_

Amount of Refund Being Requested: \_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please attach original receipt or a copy of receipt below\*\***

**\*\*For Office Use Only\*\***

Management Approval: _____
Date Refund Requested: _____
Amount Requested: _____
Staff Processing: _____