

Town of Bedford, Parking Pass Refund Request Form

Payee Name: _____

Address: _____

Phone #: _____

Student Name: _____

Lot Name Assigned: _____

Parking Pass Color: _____

Spot Number: _____

Request for refund must be received by September 30, 2020.

Please return this signed refund form and forfeited parking pass to:

Town of Bedford
Tax Office
24 N Amherst Road
Bedford NH 03110

Our 24 hour drop box is available to facilitate your refund request.

Student Signature

Please allow two weeks for refund check processing.

For Office Use Only:
Processed in Avitar _____