



Parking Citation Overpayment Refund Request

To request a refund, please print, complete, sign and mail/fax/email this form.

Required Information:

Name (Please Print): _____

Mailing Address: _____

Telephone Number(s): _____

Email: _____

LICENSE PLATE: _____ STATE: _____

Request Date: _____

If Available:

OVERPAID CITATION NUMBER(S):

I certify that I made the payments and am entitled to a refund for the overpayments on the parking citation/vehicle license plate listed above.

Signature: _____

If we verify an overpayment exists, staff will contact you for proof of payment such as a copy of the front and back of cancelled check/money order, copy of credit card statement, or a copy of receipt for payment.

Please mail this form to: ~or~
CNB Cashiering
PO Box 1768
Newport Beach, CA 92658

Fax this form 949-644-3118
Email this form to: cashierhelp@newportbeachca.gov

FOR INTERNAL USE ONLY

Verified by: _____ Date: _____