



JACKSON HOLE AIRPORT PARKING REFUND

PLEASE ATTACH ORIGINAL PARKING RECEIPT

Name: _____

Address: _____

Telephone No. _____

Parking Info:

Days Paid _____ From: _____ To: _____

Amount Paid: \$ _____ Check if paid by Cash: _____

Last Four (4) Digits if paid by Credit Card: _____

Refund Info:

Day(s) Requested From: _____ To: _____

Amount Requested: \$ _____

Reason (please check): Fly-out CLXD/Diverted/Missed

Paid twice or more by mistake

Early Return *

Paid extra nights by mistake **

*Please provide proof of return ticket

**Please provide proof of round trip ticket

For Office Use Only:	
Refund Request Received by (and date):	_____
Refund Approved by (and date):	_____
Refund Processed by (and date):	_____
refunded through: Cash Cheque Credit Card	
	(please encircle)
<small>updated 08/03/16</small>	