

## Parking Pass Refund Form

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

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

Phone: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

Date of purchase: \_\_\_\_\_

Type of Pass (select one): Vehicle                       Bus

Please mail this completed form, along with your parking pass to:

BC Parks  
Visitor Services Branch  
PO Box 9398 Stn Prov Govt  
Victoria, BC V8W 9M9

***Refund cheques will be mailed to your home address***