



**Application for Refund of Money Lost in Pay and Display Machine**

Please complete the attached refund form and submit to

Post:            Parking  
                  Milton Keynes Council  
                  1 Saxon Gate East  
                  Milton Keynes  
                  MK9 3EJ

E-Mail:         [mkparking@milton-keynes.gov.uk](mailto:mkparking@milton-keynes.gov.uk)

For advice on completing this form, please telephone The Parking Help-line on 01908 252309.

This form must be completed and submitted to the Parking address above within 28 days from the date you lost your money in the pay and display machine. We will check the pay and display machine records to ascertain whether there was a fault at the time and date stated and/or whether there was a variance in cash collected and tickets issued for that day. If a fault and/or variance occurred, we will refund the money that you lost in the machine within 28 days from the date that you submit this form. If machine records do not display a fault and/or variance in cash collected we will be unable to issue a refund. We will notify you of this in writing.

Not all pay and display machines in Central Milton Keynes are owned/operated by the Council. If you have lost money in a pay and display machine owned/operated by an organisation other than the Council, e.g. MKDP/Xscape, you should contact the owner/operator for a refund. Please refer to machine fascia for owner/operator details.

Name \_\_\_\_\_ Date of Claim (today's date) \_\_\_\_\_

Date Money Lost \_\_\_\_\_ Time Money Lost \_\_\_\_\_

Amount of Cash Lost \_\_\_\_\_ Pay & Display Machine No \_\_\_\_\_

Street Location of Machine \_\_\_\_\_

Please select Location Tariff: **Long Stay/Premium/Standard**

Please give a brief description as to how the loss occurred:

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Current Home Address and Email:

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Your telephone number \_\_\_\_\_

Refunds will be paid directly to your bank account, please provide the following:

Name of account holder \_\_\_\_\_

Account number \_\_\_\_\_

Sort code \_\_\_\_\_

**For office use only**

Date

Confirm machine fault report checked

Machine fault report attached

Cash variance

Description of fault

Authorisation Signature