

Parking Permits Order Form (Use this Form Only if Paying by Credit Card)

Enter the number of permits for each month by Lot/Garage:

	Lot 5	Lot 8	Lot 12	Salinas St Garage
	Monthly Fee \$45	Monthly Fee \$45	Monthly Fee \$35	Monthly Fee \$30
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total # of Permits				
SUBTOTAL				
Add: 3% Credit Card Fee				
TOTAL				
TOTAL				
TOTAL AMOUNT DUE	99999999			
For Finance use only:	<u>Lot 5</u>	<u>Lot 8</u>	<u>Lot 12</u>	Salinas St Garage
Payment Code	PKLOT	PKLOT	PKLOT	PKSALGAR
Project Accounting	Lot 5	Lot 8	Lot 12	
Credit Card Informat	tion			
The following information	is required to proc	ess a credit card tra	ansaction Once n	rocessed the form
be shredded, and you will				rocessed, the form
Credit Card:				
Name as it appears on cre	dit card:			
Billing Address:				
City, State, Zip Code: _				
	Expiration date:			
Card Security Code (CVV, 3				
Amount to be charged: \$_				
Signature of Card Holder:				
Contact Name:				
Contact Phone number:				
Mail Permits and receipt to	o:			

To submit via email: Click the button in the top right corner of this document

OR email to: <u>eParking@ci.salinas.ca.us</u>

E-mail: _____

OR fax the form to: (831) 758-7210, Attn: Finance-Revenue at Permit Center