



# City of Salinas

Finance Department

## 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				
<b>Total # of Permits</b>				
<b>SUBTOTAL</b>				
Add: 3% Credit Card Fee				
<b>TOTAL</b>				

**TOTAL AMOUNT DUE**

<i>For Finance use only:</i>	<u>Lot 5</u>	<u>Lot 8</u>	<u>Lot 12</u>	<u>Salinas St Garage</u>
<i>Payment Code</i>	PKLOT	PKLOT	PKLOT	PKSALGAR
<i>Project Accounting</i>	Lot 5	Lot 8	Lot 12	

### Credit Card Information

The following information is required to process a credit card transaction. Once processed, the form will be shredded, and you will receive a receipt via e-mail or direct mail.

Credit Card:

Name as it appears on credit card: \_\_\_\_\_

Billing Address:

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

City, State, Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card Security Code (CVV, 3-digit number on back of card): \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ (Total Amount Due)

**Signature of Card Holder:** \_\_\_\_\_

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

Contact Phone number: \_\_\_\_\_

Mail Permits and receipt to: \_\_\_\_\_

E-mail: \_\_\_\_\_

To submit via email: Click the button in the top right corner of this document  
 OR email to: [eParking@ci.salinas.ca.us](mailto:eParking@ci.salinas.ca.us)  
 OR fax the form to: (831) 758-7210, Attn: Finance-Revenue at Permit Center