

# Request to Renew Neighborhood Parking Permit



I, \_\_\_\_\_  
Applicant Name

live at/own \_\_\_\_\_  
Complete Address (Include Apartment/Unit Numbers)

request \_\_\_\_\_ Visitor parking permits (\$25.00 each, max. two (2) allowed per address).  
Quantity

I would also like to request permits for the following vehicles (\$25.00 each, vehicle must belong to resident and vehicle must be registered at the above listed address with DMV).  
Further verification may be required.

## Vehicle #1

License Plate Number: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

## Vehicle #2

License Plate Number: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

## Vehicle #3

License Plate Number: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

## Vehicle #4

License Plate Number: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Applicant Signature: _____	Date: _____
Phone number: _____	
Required	

**\*Unless otherwise indicated, permits will be mailed to above referenced address\***

Checks, money order or cashier's check should be made payable to "City of Capitola"  
Send request and payment to: CPD, Attn: Records, 422 Capitola Ave, Capitola CA 95010  
Questions: Please contact us at (831) 475-4242, Monday through Friday 8AM-5PM