

Request to Renew Neighborhood Parking Permit



I, _____
Applicant Name

live at/own _____
Complete Address (Include Apartment/Unit Number)

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 be registered to resident and 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

Check, 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 our office at (831) 475-4242, Monday through Friday 8AM-5PM