Request to Renew Village Parking Permit



1,	Applicant	Name	
live at/own			
	olete Address (Inc	lude Apartme	ent/Unit Number)
Is this a second home or shor	t-term rental?	□ Yes	□ No
If yes, you are entitled to a manahave no off-street parking spa	•	l) transferal	ole village parking permit if you
☐ I am requesting one (1) training home or a short-term rental, a	_		rmit. This residence is a second ring.
If no, you are entitled to one o	f the following:		
☐ One (1) village parking perioff-street parking space, and t		-	pied on a full-time basis, has one registered to this address.
☐ Two (2) village parking perroff-street parking spaces, and			apied on a full-time basis, has no registered to this address.
registered to resident and		red at the a	es (\$50.00 each, vehicle must be bove listed address with DMV). quired.
Vehicle #1			
License Plate Number:		_ Vehicle N	Make:
Vehicle Model:	Vehicle	Color:	
Vehicle #2			
License Plate Number:		Vehicle Make:	
Vehicle Model:	Vehicle	Color:	
Applicant Signature:			Date:
Phone Number:			_
<u></u>	Required		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