## Request to Renew Neighborhood Parking Permit



Applicant Name    Complete Address (Include Apartment/Unit Number)   Complete Address (Include Apartment/Unit Number)	I,	
Complete Address (Include Apartment/Unit Number)  request Visitor parking permits (\$25.00 each, max two (2) allowed per address).  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 Color:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Color:  Phone Number: Date:  Required		Applicant Name
Complete Address (Include Apartment/Unit Number)  request Visitor parking permits (\$25.00 each, max two (2) allowed per address).  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 Color:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Color:  Phone Number: Date:  Required	live at/own	
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 Model: Vehicle Color:  Vehicle #4  License Plate Number: Vehicle Make:  Phone Number: Date:  Phone Number: Date:		
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 #2  License Plate Number: Vehicle Make:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Make:  Vehicle #3  License Plate Number: Vehicle Make:  Vehicle Model: Vehicle Color:  Vehicle Model: Vehicle Color:  Vehicle #4  License Plate Number: Vehicle Make:  Phone Number: Date:  Required		ng permits (\$25.00 each, max two (2) allowed per address).
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	registered to resident and n	nust be registered at the above listed address with DMV).
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	Vehicle #1	
Vehicle #2   License Plate Number:	License Plate Number:	Vehicle Make:
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	Vehicle Model:	Vehicle Color:
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	Vehicle #2	
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	License Plate Number:	Vehicle Make:
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	Vehicle Model:	Vehicle Color:
Vehicle Model: Vehicle Color:  Vehicle #4  License Plate Number: Vehicle Make:  Vehicle Model: Vehicle Color:  Applicant Signature: Date:  Phone Number: Required	Vehicle #3	
Vehicle #4   License Plate Number: Vehicle Make:   Vehicle Model: Vehicle Color:   Applicant Signature: Date:   Phone Number: Required	License Plate Number:	Vehicle Make:
License Plate Number: Vehicle Make:  Vehicle Model: Vehicle Color:  Applicant Signature: Date:  Phone Number: Required	Vehicle Model:	Vehicle Color:
Vehicle Model: Vehicle Color:  Applicant Signature: Date:  Phone Number: Required	Vehicle #4	
Applicant Signature: Date: Phone Number: Required	License Plate Number:	Vehicle Make:
Phone Number:Required	Vehicle Model:	Vehicle Color:
	Applicant Signature:	Date:
	Phone Number:	

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