

Neighborhood Parking Permit Renewal Request



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 & payment to: CPD, Attn: Records, 422 Capitola Avenue, Capitola, CA 95010
Questions: Please contact our office at (831) 475-4242, Monday through Friday 8AM-4PM