 City of Santa Fe

Parking Division

**City Employee/Elected Official Parking Permit Application**

Contact us at (505) 955-6581 or visit us at [www.santafenm.gov/parking](http://www.santafenm.gov/parking)

**PERMIT TYPE:**

☐ NEW

☐ RENEWAL – PERMIT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Official City Business (OCB). Must be pre-approved by City Manager

**REQUIREMENTS:**

1. Copy of current registration for each vehicle(s)
2. Copy of City issued Employee ID
3. All past due or unpaid parking citations must be paid in full prior to permit approval and/or renewal

**REQUIRED FIELDS** (**\***) **PLEASE PRINT**

\*Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Emp. Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

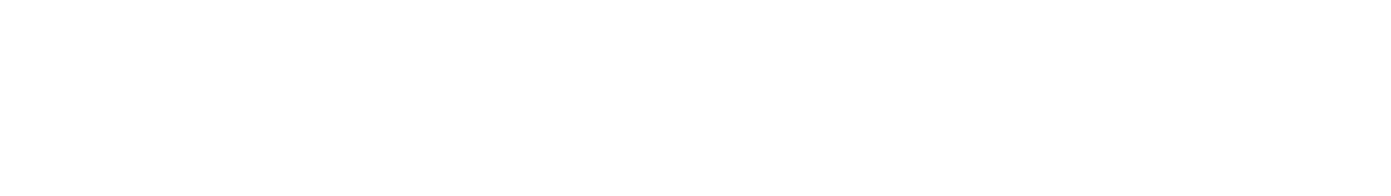
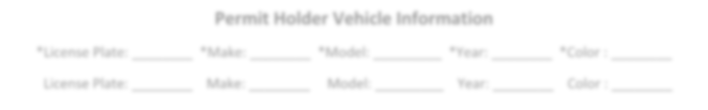
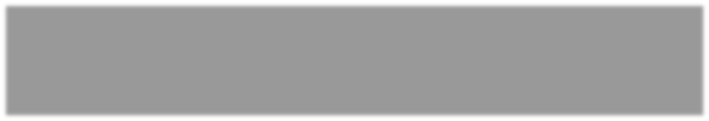
\*City Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*City: \_\_\_\_\_\_\_\_\*State: \_\_\_\_\*Zip Code: \_\_\_\_\_\_\_

\*Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Department Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Office Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Office Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Contact’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Permit Holder Vehicle Information**

\*

License Plate: \_\_\_\_

\_\_\_\_

\*

Make:

\_\_

\_\_\_\_\_\_

\*Model: \_\_\_\_\_\_\_\_\_

\*

Year: \_\_\_\_\_\_

\_\_

\*Color:

\_\_\_

\_\_\_\_\_

\*License Plate: \_\_\_\_

\_\_\_\_

\*Make: \_\_

\_\_\_\_\_\_

\*Model: \_\_\_\_\_\_\_\_\_

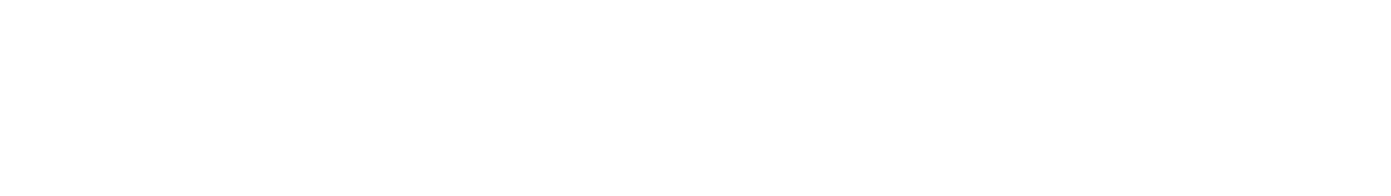
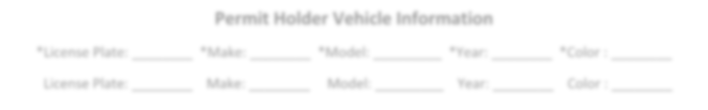
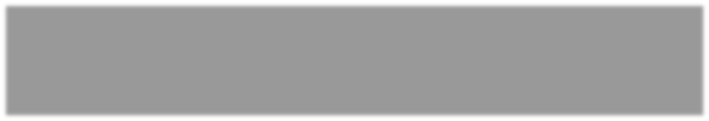
\*Year: \_\_\_\_\_\_

\_\_

\*Color:

\_\_\_

\_\_\_\_\_



**City Fleet Vehicle Information**

\*

License Plate: \_\_\_\_

\_\_\_\_

\*

Make:

\_\_

\_\_\_\_\_\_

\*Model: \_\_\_\_\_\_\_\_\_

\*

Year: \_\_\_\_\_\_

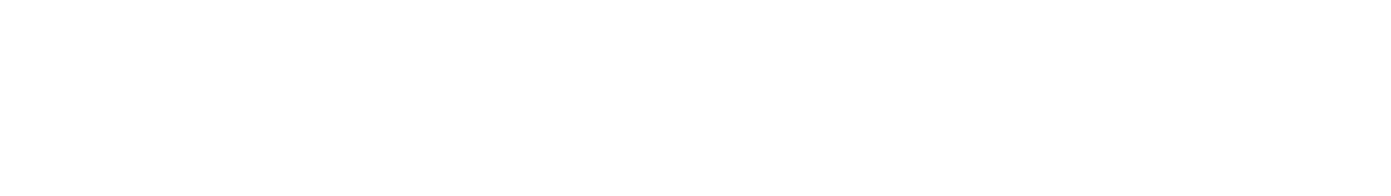
\_\_

\*Color:

\_\_\_

\_\_\_\_\_

\*Fleet #: \_\_\_\_\_\_\_\_\_\_\_\_



**City Employee/Elected Official Parking Permit Application**

Contact us at (505) 955-6581 or visit us at [www.santafenm.gov/parking](http://www.santafenm.gov/parking)

**Parking Facility**

☐**Convention Center** **Garage** ☐ **Sandoval** **Garage** ☐**Railyard Garage**

**Facility Access Control (Work Hours Only)**

☐ **Monday – Friday** 7:00AM to 7:00PM **and/or**

☐ **Saturday** 7:00AM to 7:00PM (explain below)

**Provide Reason for Saturday Use** (add page if necessary)**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I have reviewed and understand the Parking Permit Policies and Procedures and by my signature below, I agree that I am fully responsible for the use of my Permit and Access card.**

**Parking Permits and Access cards are NOT transferable.**

**I understand that employee Parking in City garages is restricted to City’s Business hours and/or while conducting City Business only. Storage of personal vehicles in City garages is prohibited. Violators are subject to enforcement and revocation of this permit or access card. Employee is responsible to pay parking fees for personal use of City garages.**

**NOTE: ACCESS CARD REPLACEMENT COST: $52.50**

**Separation from Employment**

**When an employee/elected official is no longer employed/affiliated with City Government their access card shall be promptly returned to the Parking Division.**

**(A fee of $52.50 will be charged to the Department/Division for unreturned employee or fleet vehicle Access Card/s.)**

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Print Name Signature Date

Check One: ☐ **Department Director** ☐ **Division Director/Manager**

Page 2