



City of Santa Fe

Parking Permit Renewal Application



Contact us at (505) 955-6667 or visit us at www.santafenm.gov/parking

Required Fields (*)

*Business Name: _____ *Account #: _____

*Permit Holder: _____ *Email: _____

*Billing Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Vehicle Make /Model / Year /Color and License Plate #: _____

*Facility / *Meter Zone Requesting: _____

*2013 - 2015 Permit #: _____

*Access Card #: _____

I have reviewed and understand the Parking Permit Policy and Agree to the Terms and Conditions. By my signature below, I understand that I am fully responsible for the balance on my account. I am also responsible to contact the Parking Division if my information needs to be changed.

Applicant Signature: _____ **Date:** _____

Mail Applications to:

City of Santa Fe Parking Division, PO Box 909, Santa Fe, NM 87504-0909

Email Applications to:

Amanda Portillo, Parking Permit Coordinator, at arportillo@ci.santa-fe.nm.us

or

Complete this application online at www.santafenm.gov/apply for a parking permit.