

## City of Santa Fe



## **Cancellation Form**

## Billing will continue until this completed form and the permit are returned, even if it is in pieces.

Contact us at (505) 955-6581 or visit us at www.santafenm.gov/parking Date: \_\_\_\_\_ **Account Information:** Required Fields (\*) PLEASE PRINT! \*Account Number:\_\_\_\_\_Account Name: \_\_\_\_ \*Type of Permit: \_\_\_\_\_ \*Billing Address: \_\_\_\_\_\_ \*Email Address:\_\_\_\_\_\_\*Phone: \_\_\_\_\_\_\*Phone Permit Information... \*Permit Number: \_\_\_\_\_ \*Is Permit being returned now? □No \*Person submitting this form: \_\_\_\_\_\_

**Comments:** 

