



City of Santa Fe Cancellation Form



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: _____

*Permit Holder Name: _____

*Billing Address: _____

*Email Address: _____ *Phone: _____

Permit Information...

*Permit Number: _____

Type of Permit: _____

*Is Permit being returned now? Yes No

*30-Day Notice Given? Yes No If no, when will be the last billed month?

Comments:



Lost/Not returned Permits will incur a \$52.50 Fee



Authorized Parking Division Representative: _____



30-day notice is required to cancel any Permit



Permit must be returned within 30-day timeframe, or subject to late fees

