

City of Santa Fe Parking Permit Application



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

♦ Space is not guaranteed. First come. First served. ♦

What are you applying for? Garage/Lot Permit Meter Zone Permit	Is this a New Permit, or a Renewal? New Permit Renewal of Permit Accoount Number Renewal
Required Fields (*) PLEASE PRINT	
*Permit Holder:	
Billing Party (if applicable):	*Billing Phone:
*Billing Address:	*City:*State:
*Zip Code: *Billing Email:	
must be updated for security p	
the rental vehicle is registered	te will be permitted as long as (prior to or on day of) with the Parking office with a copy of the rental mary PARCS account holder's primary address and
If applying for a Meter Zone F	Permit, which zone are you requesting?
Zone A Zone B Zo	ne C Zone D Railyard Surface
If renewing your Permit(s), please in	ndicate your current Permit number(s) below:



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Application will <u>not</u> be accepted unless the following requirements are met.
Requirements:
☐ Copy of vehicle(s) current registration. (<i>Must be registered to the same address as card holder</i>)
☐ Copy of most recent and verifiable paystub. <i>Most recent Employer Paystub</i> is required when applying for Local Employee Discount Rate. (Must make \$15 total an hour, or less) ☐ No unpaid citations
☐ No account balance
Permit Pricing:
Parking Permit Fees (all prices include tax): • \$21.00 – New Permit Application Fee **(non-refundable) • \$131.25 – Zone Permit Monthly Fee ** • \$131.35 – Railyard Surface Monthly Fee ** • \$68.25 – Garage/Lot Monthly Fee** • \$52.50 – Lost or Replacement Permit Fee** • \$35.00 – Local Employee Discount Rate** (Pay must be \$15 or less) **Rates are subject to change without notice
Completed Cancellation Form <u>and</u> card are required to be returned, Otherwise, charges will continue to accrue for all Permit types
Space is limited and waitlist is possible
I have reviewed and understand the Parking Permit Policies and Procedures and by my signature below, I agree that I am fully responsible to pay my fees in full, on time, when due. I agree that my account will be charged a \$25.00 late fee if not paid by the due date. I understand that my Permit access may be suspended for non-payment or misuse.
Applicant Signature: Date:

Account Number (if renewing):___