



CITY OF SAN CARLOS – City Hall

600 Elm St., San Carlos, CA 94070

 650-802-4194

 650-595-6704

www.cityofsancarlos.org



Check appropriate box if paying by check or credit card and using mail return option only:

Please mail my permit and receipt to my:

Home address

Business address

**Downtown Employee Parking Program
Permit Request Form**

Fee \$29.00 (as of July 1, 2014)

Valid April 1, 2014 through September 30, 2014

Name: _____

Home Address: _____ City/Zip Code: _____

Phone (Home): _____ Phone (Cell): _____

Signature: _____ **Date:** _____

Primary Vehicle: Make _____ Model _____

Year _____ Color _____ License Plate _____

Secondary Vehicle: Make _____ Model _____

Year _____ Color _____ License Plate _____

Business Information:

Name of Business: _____

Address of Business: _____

Employer or Supervisor: _____

Phone (Work): _____

Payment Options:

If paying by: Check # _____ Fill in box at top right corner for options on mailing permit and receipt

If paying by: Cash – Please come to City Hall during Public Works Counter Hours: Mon- Fri 9am-12pm

If paying by: Credit card – Please fill in top right corner and back portion of the application

Office Use Only		Application for the period from April 1, 2014 through September 30, 2014	
Date: _____	DPP2014 -- _____	Verified:	
Permit # _____	Amount Paid \$ _____	<input type="checkbox"/> Letter Employer	<input type="checkbox"/> Paystub

Credit Card Authorization Form

For use only if mailing/ faxing in application

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1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to City of San Carlos

SUBMIT TO: City of San Carlos

By Mail – 600 Elm Street, San Carlos

By Fax – 650-595-6704

* **Cardholder Name:** _____

(NAME EXACTLY AS IT APPEARS ON THE CARD)

* **Credit Card** Visa MasterCard

* **Card Number:** _____

* **Expiration Date:** _____ * **CVV Number:** _____ (3-Digit Security Code)

* **Billing Address:** _____

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

* **Phone Number:** _____

* **I authorize the City of San Carlos to charge my credit card to purchase
Downtown Employee Parking Permit in the amount of:**

\$ 29.00 USD (U.S. Dollars)

Other amount \$ _____ (U.S. Dollars)

I agree, have read and understood to be bound by the City of San Carlos policies, terms and conditions and instructions for this transaction.

* **Printed Name:** _____ (Print legibly)

* **Signature:** _____

* **Date:** _____

*** Required Fields - Incomplete applications will not be processed**

FOR CITY OF SAN CARLOS INTERNAL USE ONLY (do not complete this section)

DATE	AMOUNT	CHARGED BY	AUTH CODE	NOTES