



**City of San Antonio – Parking Division
Application for Monthly Parking Permit**

Information is required for ALL monthly access card holders for identification and invoicing purposes.

Cardholder Information: #: _____

Are you a previous monthly parking customer? Yes No

Are you a downtown resident? (Documentation required if "yes") Yes No

Apartment lease end date (downtown residents only): _____

Cardholder Name (Last, First) _____

Cardholder Phone Day () _____ Eve () _____

	Vehicle Make	Model	Year	Color	License Plate
1					
2					

Billing Information:

Billing Name: _____

Contact Person (if different): _____

Billing Address: _____

City State Zip

Billing Phone/Fax: Ph _____ Fax _____

Email Address _____

I certify that ALL the above information is complete and accurate

SIGNATURE: _____ Date: _____

OFFICE USE ONLY

Card No. _____ Monthly Fee: _____

Parking Location: _____ Activation Fee: _____

Multiple Card Cust. Yes No

Replacement Card Yes No **Total Received:**

Comments: _____
