



Passport Parking Application Form

Parking Office Phone: (206) 248-6887

Fax: (206) 248-7499

E-mail: passportparking@portseattle.org

Today's Date: _____ Start Date: _____ *(We will prorate for the first monthly only)*

Company Name: _____

Billing Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Home Phone: () _____

Fax Number: () _____ E-mail: _____

License Plate Number(s): 1) _____ 2) _____ 3) _____

Number of cards requesting: _____ at Passport Parking monthly rate \$350.00 = \$ _____

<i>(Credit Card is charged automatically)</i>		
_____ - _____ - _____ - _____	_____	_____
Credit Card account number	Type of Card	Expiration Date

Please Note:

We request 48 business hours to process the application. We will call you to confirm receipt of your application.

Vehicles parked 30 days or more without special arrangements may be impounded and disposed of in accordance with appropriate state laws.

While we will at all times endeavor to protect the property of our patrons, we will not be responsible for the loss or damage to automobiles, or accessories thereto or anything therein contained, by fire, theft or any other cause whatsoever.

Signature

Print Name

By completing this application, I agree to the Passport Parking Policies and Procedures.

<i>For office use only</i>			
Company #: _____	Access Card #: _____	Pick Up: _____	Mailed: _____