



City of Santa Fe
Parking Permit Cancellation Form
Contact us at (505) 955-6667 or Email us at
parkingpermits@ci.santa-fe.nm.us



* The City of Santa Fe Parking Division must receive a cancellation request 30-days prior to the next billing.

DATE: _____

*ACCOUNT #: _____

*BUSINESS NAME: _____

*PERMIT HOLDER NAME: _____

*BILLING ADDRESS: _____

*PERMIT RETURNED? YES NO

PERMIT #: _____

*ACCESS CARD RETURNED? YES NO

ACCESS CARD #: _____

*PARKING GARAGE / PARKING LOT / PARKING ZONE: _____

SIGNATURE

COMMENTS:

AUTHORIZED PARKING DIVISION REPRESENTATIVE: _____