



Passport Parking Application Form

Parking Office Phone: (206) 787-6887 / Fax: (206) 787-7499

E-mail: passportparking@portseattle.org

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

Company Name: _____

Billing Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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 = \$ _____

Name on Credit Card: _____

Credit Card Address: _____

City: _____ State: _____ Zip Code: _____

_____	_____	_____
Credit Card account number	Type of Card	Expiration Date

*We accept Visa, MasterCard and American Express.
Credit Card is charged automatically the 1st business day of the month.*

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.

For office use only
Company #: _____ Access Card #: _____ Pick Up: _____ Mailed: _____