

**CITY OF PATERSON
PARKING AUTHORITY**



Paterson Parking Authority Customer Information Form

Dear Customer:

Please take a moment to help us update our records; this will help expedite our transaction time in assisting you.

Please fill in all the fields below, this information is necessary for the Parking Authority's records. This information will also help to locate you in case there is an emergency with your vehicle while parked in our facility.

Thank you for your assistance.

Your Information:

Last Name/First Name: _____

Entity/Company Name: _____

Street _____

City State Zip _____

Phone # Day _____ Cell _____

Fax # _____

Vehicle Information:

Vehicle #1:

License Plate #: _____ Vehicle Make: _____

Vehicle Year: _____ Vehicle Model: _____

Vehicle Color: _____

Vehicle #2:

License Plate #: _____ Vehicle Make: _____

Vehicle Year: _____ Vehicle Model: _____

Vehicle Color: _____

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