



Change / Cancellation Request Form

Monthly Parking

SERVICE CHANGE REQUESTED:

☐ CANCEL ACCOUNT ☐ CHANGE PERMIT TYPE ☐ CHANGE CONTACT INFORMATION

*Please note: If you have a monthly e-permit, you can make changes to your permitted vehicle license plates at any time by simply logging in to your online account: <http://j.mp/SacEpermits>

DETAILS OF REQUEST:

☐ INDIVIDUAL ☐ CARPOOL ☐ COMPANY ☐ DEPARTMENT PAID PARKING

Facility Location or Garage Name: _____

Desired Effective Date of Change: ____ / ____ / ____

Name(s) on Account: _____

Email: _____

Phone Number(s): _____

Customer Account # or Access Card #: _____

Vehicle License Plate Number: _____

Comments: _____

SIGNATURE: _____ DATE: _____

Please submit change requests two weeks before your permit renewal date to allow for processing. This form may be mailed, faxed, emailed, or physically delivered to:

Physical Address:

City of Sacramento, Revenue Services
915 I Street, Room 1214
Sacramento, CA 95814

Mailing Address:

City of Sacramento, Parking Services Division
300 Richards Blvd., Second Floor
Sacramento, CA 95811

Fax: (916) 808-5115 (Mon-Fri 8:30am-4:30pm) | Phone: (916) 808-5110 | Email: ParkingCSR@cityofsacramento.org

**Please do not email credit card information. Any payment information should be faxed, mailed, or hand-delivered.*

Parking Services Office Use:

EFFECTIVE DATE: ____ / ____ / ____ PAYMENT AMOUNT: \$ _____ PERMIT TYPE: _____

ACCOUNT #: _____ DATE PROCESSED: ____ / ____ / ____ PARKING REP INITIALS: _____

ADDITIONAL NOTES: _____