



PARKING VALIDATIONS ORDER FORM

Instructions

- Complete this **Parking Validations Order Form** (please print clearly) and submit to:
 - **By Mail:** Central Parking System, 45 N. Market St., San Jose, CA 95113-1207
 - **By Fax:** 408-287-2739
 - **By E-mail:** sanjose@parking.com (Adobe Acrobat PDF attachments recommended)
- Allow up to 3 business days for the processing of your validations order. You will be notified by telephone when your order is ready for pick-up. Credit cards, checks, and cash are acceptable for payment at pick-up.
- Please call (408) 794-1090 if you have any questions or need assistance in completing this form.

Business Information

BUSINESS NAME	BUSINESS OWNER / DESIGNATED REPRESENTATIVE
BUSINESS ADDRESS (Include Suite Number)	DAYTIME TELEPHONE NUMBER
CITY, STATE, ZIP CODE	FAX TELEPHONE NUMBER

Order Details

Retail Validations

Sold at below face value - available for sale only to approved program participants.

TIME VALUE	QUANTITY ORDERED	FOR OFFICE USE ONLY
1-hour	_____ bundles of 100 validations @ \$15 each = \$ _____	
2-hour	_____ bundles of 100 validations @ \$30 each = \$ _____	
Retail Validations Total = \$ _____		

Central Business District (CBD) Validations

Sold at face value - available for sale to any downtown business or organization.

CASH VALUE	QUANTITY ORDERED	FOR OFFICE USE ONLY
75¢	_____ bundles of 100 validations @ \$75 each = \$ _____ or _____ validations @ \$75¢ each = \$ _____	
\$1.00	_____ bundles of 100 validations @ \$100 each = \$ _____ or _____ validations @ \$1.00 each = \$ _____	
\$1.25	_____ bundles of 100 validations @ \$125 each = \$ _____ or _____ validations @ \$1.25 each = \$ _____	
\$2.25	_____ bundles of 100 validations @ \$225 each = \$ _____ or _____ validations @ \$2.25 each = \$ _____	
Other Cash Value:	_____ validations @ \$ _____ each = \$ _____	
	_____ validations @ \$ _____ each = \$ _____	
	_____ validations @ \$ _____ each = \$ _____	
	_____ validations @ \$ _____ each = \$ _____	
CBD Validations Total = \$ _____		

Business Owner / Designated Representative Signature _____ Date: _____

FOR OFFICE USE ONLY	Date Received _____	Date Completed & Customer Notified _____
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