

1. Applicant Information

## **Parking Permit Cancellation Application**

After you complete this application form, please submit via email to <u>utilities@yakimawa.gov</u>. Applications may also be mailed to 129 North 2<sup>nd</sup> Street, Yakima, WA 98901 (Attention: Utilities/Parking), or dropped off at City Hall.

Today's date:		
First Name:		Last Name:
Street address:		
Phone#:	Ema	ail Address:
the parking perm	it portal, IPS Grou	e same method that payment was made through up. Refunds will come from IPS Group, and lays to appear in your account.
2. Permit Type		
Monthly: ( ) Annual: ( )	Quarterly: ( )	Semi-Annual: ( )
3. Permit Numb	er	
License Plate Numl	ber:	State:
Vehicle make:		Year:
receive a refund for ean no refund of the perm Code section 9.50.200	ach full calendar month it fee will be issued for	cel the permit listed above. I understand that I will only a remaining in the period for which the permit was issued and a partial calendar month as outlined in Yakima Municipal that the parking permit vendor, IPS Group, anticipates the ays.
authority to request	cancellation of the pe	m the permit holder of the permit listed herein, have the ermit and receive a refund if entitled to one under the formation provided herein is true and correct.
Signature:		Date: