# Change Order Form
## Monthly Parking

**Select Requested Service(s)**

☐ Cancel AutoPay ONLY ☐ Address Change ☐ Close (Cancel) Account

**Provide Detailed Information**

☐ **CARPOOL** ☐ **COMPANY** ☐ **INDIVIDUAL** ☐ **CITY DEPARTMENT PAID PARKING**

Name(s) on Account: _____ Change Effective Date: _____

Phone Number: _____
Residence Work Email

Access Card #: _____ Vehicle License #: _____ Garage/Parking Lot Name:_____

Comments:

***Please email me when my request is completed.***
**Email:** _____
Customers who request an email confirmation will receive one by the Friday preceding the start of canceled month.

**If your contact information has changed, please update here:**

Name:_____ _____
Last Name First Name MI

Address: _____
Street City State Zip

Phone Number: _____
Home/Cell Work Email

Signature: _____ Date: _____

**This application may be mailed, faxed or physically delivered to:**

**Physical Address**:
City of Sacramento, Revenue Services
915 I Street, Room 1214
Sacramento, CA 95814

Fax (916) 808-5115 (garages)
Fax (916) 808-1935 (surface lots)

**Mailing Address:**
City of Sacramento, Parking Services Division
300 Richards Blvd., Second Floor
Sacramento, CA 95811
Phone: (916) 808-5110

**Office Use Only**

Customer Service Rep:_____ Date:_____ Accounting Rep:_____ Date:_____

Account # _____ Participant # _____ Amount Paid: _____