SANTA CLARA COUNTY PARKS

ANNUAL PASS CUSTOMER FORM

CUSTOMERS LAST NAME* FIRST* M.I.

( ) PHONE NUMBER*

STREET ADDRESS* CITY* STATE* ZIP*

E-mail Address* ☐ I would like to receive electronic newsletters and notices.

*Please check appropriate box(es): ☐ **ANNUAL VEHICLE ENTRANCE PASS** ☐ **ANNUAL VESSEL LAUNCH/LAKE USE PASS**

☐ **SR. DISCOUNTED VEHICLE ENTRANCE PASS** ☐ **ANNUAL VESSEL INSPECTION PASS**

*VEHICLE 1 LIC.#: MAKE MODEL COLOR YEAR

VEHICLE 2 LIC.#: MAKE MODEL COLOR YEAR

*VESSEL 1 CF#: MAKE MODEL COLOR YEAR

VESSEL 2 CF#: MAKE MODEL COLOR YEAR

*Required Fields

** Note: Vehicle/Hull Identification Numbers (VIN or HIN) may be used if vehicle license plate or vessel CF numbers not yet issued.

- FOR OFFICE USE ONLY -

PARK: PASS #:

ISSUED BY: DATE OF ISSUE: FEES REC'D:

VTM TICKET#: PURCHASE DATE: VALID THROUGH: