



Rahway Parking Deck Application

Name (please print): _____

Address: _____

City, State Zip _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Car Make: _____ Model: _____

Year: _____ Color: _____

License Plate: _____ State: _____

For automatic monthly renewal, please complete the credit card information below.

Please list Credit Card Number Below and Issuer of Visa or MasterCard

Name (as shown on credit card): _____

VISA #: _____

MASTER CARD #: _____

Expiration Date (Month/Year): _____

I authorize the Rahway Parking Authority to automatically charge the above designated credit card account on a monthly basis for my monthly parking fee of **\$85.00**

Signature: _____ Date: _____

A \$25.00 DEPOSIT IS REQUIRED ON ALL PROXIMITY CARDS. DEPOSIT REFUNDED UPON RETURN OF THE PROXIMITY CARD TO RPA OFFICE. A \$25.00 REPLACEMENT FEE WILL BE REQUIRED FOR ALL LOST CARDS.

**67 Lewis Street, Rahway, NJ 07065
Fax: (732) 381-0096**

**Phone: (732) 381-8778
Email: RahwayParking@rahwayparking.org**