



## 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      Phone: (732) 381-8778  
Fax: (732) 381-0096      Website: RahwayParking.org**