



## Rahway Parking Deck Application

Name (please print): \_\_\_\_\_

Address, Apt # \_\_\_\_\_

City, State Zip \_\_\_\_\_

Daytime #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Car Make/Model: \_\_\_\_\_

Year/ Color: \_\_\_\_\_

License Plate/State: \_\_\_\_\_

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

Name (as shown on credit card): \_\_\_\_\_

VISA #: \_\_\_\_\_

MASTER CARD #: \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_ CVC Code: \_\_\_\_\_

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 \$ \_\_\_\_\_

**I have received a copy of the RPA rules & regulations for the Rahway Transportation Center Garage.**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**A \$25.00 DEPOSIT IS REQUIRED ON ALL ACCESS CARDS. DEPOSIT REFUNDED UPON RETURN OF THE ACCESS 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](http://RahwayParking.org)