

STATE PIER / WHALE'S TOOTH PARKING LOT

Parking Pass Request Information Sheet

Date: _____

Name: _____

Address: _____

Phone Number: _____

Vehicle Type: _____ Color _____

Plate Number(s): _____

Include State

**Note: If you are using more than one vehicle, please put down both plate numbers.

Monthly pass \$120.00

(Note: You can purchase a multiple monthly pass)

Annual pass \$500.00

Credit Card: M/C VISA DISCOVER AMEX

Name of Credit Card Holder: _____

Credit Card No: _____

Expiration Date: _____

Daily parking fee is \$12.00
Daily parking fee with a MA license plate \$10.00

Please fax to Debbie at **508-979-1469** or email to Debra.Yuille@newbedford-ma.gov