

# 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](mailto:Debra.Yuille@newbedford-ma.gov)