



# PARK(ING) DAY CONFIRMATION

Parking Meter Number(s):		
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Name:		Date:
Company:		
Street Address:		
City:	State:	Zip:
Email:	Title:	
Phone:		

- Invoice Me**
- Check**      Make payable to Downtown Vision Alliance
- Credit Card**    Charge my:  Visa    Master Card    American Express

Name on Card:	Billing Zip Code:
Card No.:	Exp. Date:    /    Security Code:
Signature:	

Parklet description: \_\_\_\_\_

\_\_\_\_\_

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Please return completed form to Ari Sinudom, Marketing & Events Assistant  
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