CITY OF SANTA CRUZ

PARKING OFFICE

124 Locust Street, P.O. Box 1870, Santa Cruz CA 95061-1870 • 831 420 6097

RESIDENTIAL PROGRAM
STATEMENT OF FACTS ON VEHICLE USE

VEHICLE INFORMATION:

License Plate: _____
Owner Name: _____
Owner Address: _____
_____
Daytime Phone #: _____

USER OF VEHICLE:

Name: _____
Address: _____
_____
Daytime Phone #: _____
Relationship to owner:_____

The above named "user of vehicle" is the sole user and person in control of my vehicle.

_____ _____

Signature of Vehicle Owner Date

Attach copy of vehicle owner ID