## CITY OF MILL VALLEY RESIDENT SHOPPER VEHICLE PERMIT

Permit Period: August 1, 2012 to July 31, 2013

NAME:			
ADDRESS:			
DAY TIME PHONE NUMBER:			
EMAIL:			
Mill Valley Residents: 1st & 2nd Permit - \$40 E 3rd & 4th Permit - \$60 E	ach	n-Residents - Zip Codes 94 1st - 4th Permits: \$	
OWNER'S NAME	LICEN	SE PLATE OR VIN NUMBER	PERMIT FEE
			TOTAL: \$
Mail check payable to: City of Mill Valley, 1 below. By submitting this application, you ag			redit card information in the space
Credit Card Information (VISA or Master	Card ONLY) –	Billing Address MUST Match Phys	sical Address (No P. O. Boxes)
Circle One:	VISA	MasterCard	
Name as it appears on Card:  V Code (3 digit security code on back of 0	Card:		
I have read and understand the conditions and mailed to the address of issuance. I understand provided herein are true and correct to the best	restrictions befor d that all fees are	non-refundable. I declare under pena	
SIGNATURE:		DATE:	
For Office	Use Only:		
Verified by	<b>y</b> :		