SANTA CLARA COUNTY PARKS

ANNUAL VENTURE / SENIOR PASS FORM

_____ ( ) _____

CUSTOMERS LAST NAME FIRST M.I. DAY PHONE NUMBER (REQUIRED)

_____

STREET ADDRESS CITY STATE ZIP

Please check appropriate box(es): **[ ] ANNUAL VEHICLE ENTRANCE PASS** **[ ] ANNUAL VESSEL LAUNCH/LAKE USE PASS**
[ ] SENIOR PASS **[ ] ANNUAL VESSEL INSPECTION PASS**

VEHICLE 1 LIC.#: _____ MAKE_____ MODEL_____ COLOR_____ YEAR_____

VEHICLE 2 LIC.#: _____ MAKE_____ MODEL_____ COLOR_____ YEAR_____

VESSEL 1 CF#: _____ MAKE_____ MODEL_____ COLOR_____ YEAR_____

VESSEL 2 CF#: _____ MAKE_____ MODEL_____ COLOR_____ YEAR_____

** Note: Vehicle/Hull Identification Numbers (VIN or HIN) may be used if vehicle license plate or vessel CF numbers not yet issued.

[ ] I would like to receive electronic newsletters and notices.

E-mail Address: _____

- FOR OFFICE USE ONLY -

PARK: _____ PASS #: _____ _____ _____ _____

ISSUED BY: _____ DATE OF ISSUE: _____ FEES REC'D: _____

VTM TICKET#: _____ METER #: _____ PURCHASE DATE: _____ VALID THROUGH: _____

☻ 3177 REV 2/09 (3K)